

**BALTIMORE WEST DISTRICT (FORMERLY)
GRACE COOKSON SCHOLARSHIP APPLICATION**

*A Scholarship of the Community Foundation
of Carroll County, Inc.*

2018-2019 ACADEMIC YEAR

New Application **Re-applying**

PLEASE TYPE OR PRINT LEGIBLY

1. NAME IN FULL

LAST	FIRST	MIDDLE	SS#
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2. PERMANENT
ADDRESS _____

STREET/ROUTE	CITY/STATE	ZIP
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3. OCCUPATION (IF ANY) _____ INCOME \$ _____

4. NAME AND ADDRESS OF COLLEGE IN WHICH YOU ARE NOW ENROLLED ON WILL BE ATTENDING:

5. PRESENT ACADEMIC STATUS:

HIGH SCHOOL SENIOR COLLEGE: FRESHMAN SOPHOMORE

JUNIOR SENIOR GRADUATE SCHOOL SECOND CAREER

NAME AND ADDRESS OF SCHOOL:

6. ARE YOU OR WILL YOU BE A FULL-TIME DEGREE CANDIDATE? YES NO

7. MALE FEMALE DATE OF BIRTH _____ MARITAL STATUS _____

ARE YOU SELF-SUPPORTING YES NO

IF MARRIED, NAME OF SPOUSE _____ INCOME: \$ _____

*8. YOUR MOTHER'S NAME _____ OCCUPATION _____ INCOME \$ _____

ADDRESS _____ PHONE _____

*9. YOUR FATHER'S NAME _____ OCCUPATION _____ INCOME \$ _____

ADDRESS _____ PHONE _____

*10. PARENTS= DEPENDENTS: AGES: _____ OTHER DEPENDENTS IN COLLEGE:

SPECIAL CIRCUMSTANCE [SUCH AS MAJOR MEDICAL BILLS, ETC.]

11. YOUR INTENDED VOCATION _____

12. LIST PRIOR COLLEGES ATTENDED, IF ANY, AND DATES ATTENDED:

REQUIRED SIGNATURES:

Pastor's signature

Date

Administrative Council/Board/Church Council chair

Date

Your Church

Address

***SELF SUPPORTING OR MARRIED APPLICANTS NEED NOT RESPOND TO QUESTIONS 8, 9, & 10.**

IMPORTANT: PLEASE READ APPLICATION PROCEDURES IN ITS ENTIRETY. PLEASE NOTE THAT FINANCIAL INFORMATION IS ESSENTIAL TO YOUR APPLICATION.

DEADLINE: MAY 15, 2018 (POSTMARKED)

DO NOT WRITE BELOW THIS LINE

AWARD: _____

Amount:

\$ _____

Financial Statement

This statement must be completed before your application can be reviewed.

Academic period for which this statement applies:

_____ to _____
Month Year Month Year

INCOME AVAILABLE

(TO MEET EXPENSES DURING TERM(S)

FINANCIAL AID IS REQUESTED)

PERSONAL FUNDS (CASH, SAVINGS, ETC.) \$ _____

TOTAL SUMMER EARNINGS* \$ _____

PARENTAL SUPPORT \$ _____

SPOUSE'S INCOME*

\$ _____ OTHER

ASSISTANTSHIPS

\$ _____

SCHOLARSHIPS (ITEMIZE BELOW) \$ _____

_____ \$ _____

_____ \$ _____

GRANTS (ITEMIZE)

_____ \$ _____

_____ \$ _____

ESTIMATED EXPENSES

TUITION AND FEES \$ _____

BOOKS \$ _____

HOUSING \$ _____

EXPENSES (ITEMIZE)

\$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENSES \$ _____

LOANS (ITEMIZED)

PLEASE NOTE: ON A SEPARATE SHEET

\$ _____

DESCRIBE ANY UNUSUALLY HIGH

EXPENSES (ADDITIONAL ITEMIZED

\$ _____

MAY ALSO BE LISTED.) SPECIAL

TOTAL INCOME

\$ _____

SITUATION SHOULD BE EXPLAINED.

*AFTER ALL TAXES HAVE BEEN DEDUCTED

IF YOU ARE A SELF-SUPPORTING STUDENT, LIST NUMBER OF DEPENDENTS (EXPLAIN):

LIST EDUCATIONAL LOANS RECEIVED IN PRIOR YEARS: _____

FULL SIGNATURE OF STUDENT _____ DATE _____

Grace I. Cookson Scholarship

APPLICATION PROCEDURE

1. APPLICANTS SHALL SUBMIT:
 - A. An official transcript of grades (high school or college) to (non-official copies of grades will not be accepted as transcripts);
 - B. A recommendation from your pastor on the form provided (if the applicant's parent is his/her pastor, this letter should be written by another officer of the church); and
 - C. A personal statement from the student on the form provided.
 - D. Copies of most current year tax returns for student and parents.
2. The committee reserves the right to accept or reject any application.
3. Students will be notified by June 1 of awards for the following academic year. Payments will be made directly to the colleges in August for the Fall semester and in December for the Spring semester.
4. To renew a scholarship, the above procedure must be repeated annually.

COMPLETED APPLICATION, STUDENT STATEMENT, PASTOR'S RECOMMENDATION, A CURRENT TRANSCRIPT OF GRADES, AND TAX RETURNS MUST BE MAILED TO:

COMMUNITY FOUNDATION OF CARROLL COUNTY

255 Clifton Blvd. - Suite 203

WESTMINISTER MD 21157

ATTN: MS. AUDREY S. CIMINO

5. Applications must be postmarked by MAY 15, 2018 to be considered for financial aid for the 2018-2019 academic year.
6. APPLICATION WILL NOT BE CONSIDERED IF ENTIRE PROCEDURE IS NOT FOLLOWED OR IF APPLICATION IS INCOMPLETE.

Grace I. Cookson Scholarship Application
2018-2019 Academic Year

Student's Statement

Instructions: Write a brief statement about what your church means to you and about your educational and/or vocational goals.

Grace I. Cookson Scholarship Application

2018-2019 Academic Year

Pastor's Statement

Please provide information that would guide the Award's Committee in determining the financial need of the applicant and whether the student is one who will help under-gird The United Methodist Church now and in the future. Each pastor may recommend ONLY one person.

NOTE: If the applicant's parent is her/his pastor, this statement should be written by another officer of the church.