## <u>Tommy & Maude Carter Scholarship Application</u> First United Methodist Church 601 North Pink Street Cherryville, North Carolina 28021 2019-2020 academic year

Name:				
	Last	First	Middle	Social Security Number
Address:				
	Street Address	or Post Office Box		
	City	County	State	Zip Code
Telephone:	Home:		Cell:	
Email:				
Parent/Guardi	an/Next of Kin			dress
		Name	Ad	dress
		Telephone	#	
Present Churc	h Membership:	relephone		
City ar	nd State:			
Memb	er since:			
Prior c	hurch members	hip:		
	<b>a</b> : 1			
			Married:	
Name of Spou		<b>A</b> = -		
Children:	Number	Age	es:	
High School				
High School c	ty and state			
Date of Gradu				
Class standing		Gra	de point avera	ge
-	of official tran			5
(FJ		·····		
College/Unive	ersity (attending	(applied to)		
Dates of atten	• • •			
School Addres	SS			
School Teleph	none			
Field of Study	7			
Grade point av	verage: (attach	copy of official tra	inscript)	
	g: Enrollment st			
Enterin	ng First year		Part-time	
Sopho	more		Full-time	
Junior				
Senior				
Graduate Scho	ool: First Year_	Sec	ond year	

Date this Recommendation is Due to be Returned to the Church Secretary is April 24, 2020.

## Carter Scholarship Personal Recommendation Form

Each applicant of the Carter Scholarship is required to ask a member of the church family or church staff to evaluate the applicant. According to the rules of the Carter Scholarship, "those applicants whose records demonstrate a commitment to the spiritual life and charitable life of her/his community shall be given strong consideration in the evaluation process to determine the recipient of the Carter Scholarship." Please cite below how this applicant has demonstrated this commitment.

After you have evaluated the applicant, please sign, date and return this form to the church secretary.

Evaluation of Applicant: