THE ELISABETH ODELL SCHOLARSHIP

GENERAL INFORMATION

The Elisabeth Odell Scholarship, sponsored by the United Methodist Women, was established to provide financial assistance to deserving students who are members of the First United Methodist Church of Cherryville and who wish to further their education at an accredited community college, junior college, or other institution of higher learning.

The scholarship will be awarded on the basis of the applicant's service to church, school, and community; scholastic ability; financial need; and desire for higher education.

To be considered, the applicant must submit a completed application and all supporting information, postmarked no later than <u>April 29</u>. It is the responsibility of the applicant to see that supporting information is sent on time.

The winner must be eligible for admission to, and must enroll full time in their selected school or institution.

The scholarship will be for the forthcoming school year only and will be paid directly to the proper disbursing office at the school or institution of the applicant's choice. It is the responsibility of the winner to provide the UMW treasurer with this information.

The information on the application and any additional information will be treated in strict confidence.

All applications and information are to be postmarked <u>no later than April 29</u> and are to be mailed to:

Scholarship Committee United Methodist Women First United Methodist Church 601 North Pink Street Cherryville, NC 28021

THE ELISABETH ODELL SCHOLARSHIP APPLICATION

| 1. | Applicant's Full Name | | | | | | |
|-----|--|--|--|--|--|--|--|
| 2. | Address | | | | | | |
| 3. | Date of BirthHome Telephone Number | | | | | | |
| 4. | School Presently Attending | | | | | | |
| 5. | Expected Date of Graduation (month and year) | | | | | | |
| 6. | Father's NameOccupation | | | | | | |
| 7. | Mother's NameOccupation | | | | | | |
| 8. | How many brothers and sisters will be in public school next year? | | | | | | |
| | In college or other institutions of higher education? | | | | | | |
| 9. | Will your parents assist you with your expenses insofar as they are able? | | | | | | |
| 10. | Have you applied for or do you expect to receive any other scholarships or financial assistance? If so, please give name and amount. | | | | | | |
| 11. | What institution of higher learning do you expect to attend for the next school year? | | | | | | |
| | Have you applied or been accepted to this school? | | | | | | |
| 12. | Give in order of preference two occupations or professions you are considering. | | | | | | |

| Li | ist all non-school related activities in which you have participated. |
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| T | |
| L | ist all honors, awards, and recognitions you have received in school. Include |
| of | ffices held. |
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| | |
| | |
| Li | ist any recognition you have received or services you have performed that are |
| SC | chool related. |
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| | |

17. Give any other information about yourself, your hobbies, or your personal interests that you feel will be helpful to the Scholarship Committee in knowing you better.

- 18. On a separate sheet please write a statement telling of your past and present church activities, your future plans and career goals, and your reasons for applying for this scholarship.
- 19. Attach a copy of your transcript or have a copy mailed directly to the Scholarship Committee. This must include your current first semester grades, your cumulative grade point average, and any other pertinent information that gives evidence of your scholastic ability.
- 20. This completed application along with the supporting information must be returned to the church office, postmarked **no later than April 29**.

Mail to:

Scholarship Committee United Methodist Women First United Methodist Church 601 North Pink Street Cherryville, NC 28021

To Applicant: Please give this letter directly to your pastor.

The Elisabeth Odell Scholarship

Dear Pastor:

(Full Name of Applicant)

has applied for the Elisabeth

Odell Scholarship sponsored by the United Methodist Women. Will you please write a letter to the

Scholarship Committee telling about this applicant's participation in worship and other

church activities. Include any additional information about this student that you feel will be helpful

to the Committee.

Please send your letter, submitted no later than April 29 to:

Scholarship Committee United Methodist Women First United Methodist Church 601 North Pink Street Cherryville, NC 28021

Thank you very much.

To Applicant: Please give this letter directly to your advisor or to your school guidance counselor and ask that it be mailed directly back to the Scholarship Committee.

THE ELISABETH ODELL SCHOLARSHIP

| Full 1 | Name of Applicant: | | | | |
|-------------------------|---|-----------------------------|----------------|-----------------|--------------|
| Scho | ol Presently Attending: | | | | |
| Pleas | e rate this applicant in th | e following areas: | | | |
| 1. | Ability to get along wi | | Average | Below Average | Poor |
| 2. | Attitude toward schoo Outstanding | 1 | | Below Average | Poor |
| 3. | Leadership Ability Outstanding | _Above Average | Average | Below Average | Poor |
| In yo | ur opinion, is this applica | ant in need of financia | al assistance? | | |
| | e comment about this ap e, and any other attribute | - | • • • | | e and in the |
| Subn | nit this form and transcrip | pt, postmarked no la | ter than Apri | <u>1 29</u> to: | |
| Unite First 601 N | larship Committee ed Methodist Women United Methodist Churc North Pink Street ryville, NC 28021 | h | | | |