Tommy & Maude Carter Scholarship Application

First United Methodist Church
601 North Pink Street
Cherryville, North Carolina 28021

2022-2023 academic year

Name:_____
      Last   First   Middle Initial   Social Security Number

Address: _____
      Street Address or Post Office Box

_____
   City   County   State   Zip Code

Telephone: Home:_____   Cell:_____
Email:_____
Parent/Guardian/Next of Kin_____
                    Name   Address

_____
              Telephone #

Present Church Membership:
    Church Name:_____
    City and State:_____
    Member since:_____
    Prior church membership:_____

Marital Status: Single: _____   Married: _____
Name of Spouse: _____
Children: Number _____   Ages:_____

High School_____
High School city and state _____
Date of Graduation _____
Class standing_____   Grade point average_____
(Attach copy of official transcript.)

College/University (attending/applied to)_____
Dates of attendance: _____
School Address _____
School Telephone #_____
Field of Study _____
Grade point average: **(attach copy of official transcript)**
Class Standing: Enrollment status: **Check One:**
    Entering First year_____   Part-time
    Sophomore   _____   Full-time
    Junior   _____
    Senior   _____
Graduate School: First Year_____   Second year_____

Date this Recommendation is Due to be Returned to the Church Secretary is **April 25, 2023.**

Carter Scholarship
Personal Recommendation Form

Applicant's Name _____

Name of Person Evaluating the Applicant _____

Length of Time Evaluator has known the Applicant _____

Capacity in Which Evaluator Knows the Applicant /
Nature of the Relationship between Evaluator and Applicant _____

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:

Signature Required   Date