

**Tommy & Maude Carter Scholarship Application**

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

2018-2019 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/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:

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 26, 2019.

**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: