

Ellouise Jones Schofield Scholarship Packet

Central United Methodist Church
Florence, SC
**Ellouise Jones Schofield
Scholarship**

Thank you for your interest in the Ellouise Jones Schofield Scholarship. This endowed scholarship was established by Dr. and Mrs. John Schofield on May 23, 2006.

Please read the enclosed information carefully. If you are interested in applying for the Ellouise Jones Schofield Scholarship, return all required forms in one envelope.

Mail all documents to:

**Endowment Committee
Central United Methodist Church
P.O. Box 87
Florence, SC 29503**

Purpose: This endowed Scholarship fund is to assist Central members who are entering church related vocations. Examples of such vocations are church musicians, church educators, missionaries, and ordained clergy. Scholarship funds must be used for educational purposes only.

Qualification: The applicant must be:

1. Enrolled as a full time student as defined by the institution.
2. Accepted in an accredited institution of higher education.
3. A member of Central United Methodist Church, Florence, SC.

Process:

1. The applicant must complete and return an application along with:
 - A personal statement telling why receiving this scholarship is important to him/her.
 - Provide a copy of his/her transcript.
 - Provide proof of acceptance in an institution of higher education.
 - Provide three letters of reference from adults who are not family members.
2. To receive consideration for the scholarship, the applicant must return all requested information by the deadline of March 1.
3. The scholarship will be presented to the student formally by the Endowment Committee of Central United Methodist Church.
4. The applicant must submit a program of study and an anticipated date of graduation.
5. All applications submitted must be typed and include all information requested.

Applicant Data

Name: _____

Address/Telephone: _____
Number & Street City, State & Zip Code

Home Telephone Cell Telephone Email Address

Date applicant joined Central _____

Date of Graduation _____

Name of Institution of Higher Education you are planning to attend:

School Number & Street City, State & Zip Code

Highest Education Level Attained: (circle one)

High School Some College Bachelors degree Graduate work Graduate degree

If employed by a church please name and location of church and job title.

References

List three references below. A completed reference form, from each person, must be included with your application. Please do not use family members for references.

Name: _____

Name: _____

Name: _____

Certification

I authorize investigation of all statements contained in this application. I understand that misrepresentation of any information may prevent me from consideration in receiving this scholarship.

Signature of Applicant

Date of Application

Additional Comments

