

# **JESSIE GIBSON SCHOLARSHIP APPLICATION**

The United Methodist church has established a scholarship fund with interest received for the Miss Jessie Gibson Memorial. The funds were established to assist the youth of the church and community in their pursuit of a degree in the medical field at the undergraduate level. The United Methodist Church will offer scholarships each year on the basis of interest drawn from the memorial, but will not exceed the amount of money earned on the interest accrued annually. The Scholarship Committee will award scholarships annually.

## **Qualifications of applicants:**

1. Must have been accepted by an accredited college or university with a degree related to the medical field;
2. Must be enrolled as full-time student; and
3. Must maintain a 2.5 grade point average.

## **Stipulations:**

1. Applicant must submit an official transcript;
2. Applicant must complete the application form and return to the church on or prior to **APRIL 1<sup>st</sup>** of each calendar year;
3. Applicant must submit a one page statement describing his/her course of study, goals for the future, reason for applying, as well as church involvement and faith development
4. Applicant may be interviewed at the discretion of the Scholarship committee;
5. Scholarship recipients will be selected at the discretion of the Scholarship Committee after all points have been considered; and
6. The Scholarship Committee will present the funds to recipients upon receipt of a Proof of Enrollment form from the student's chosen institution.

## **Committee's Primary Considerations:**

1. Pursuing a career in the medical field;
2. Priority to first time applicants;
3. Academic achievement; and
4. First choice shall be given to members of the United Methodist Church.

**JESSIE GIBSON SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents Name (or Spouse): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

College Enrolled in or Presently Attending: \_\_\_\_\_

Career Field Interest: \_\_\_\_\_ Expected Year of Graduation: \_\_\_\_\_

College Course of Study: \_\_\_\_\_ Tuition Cost Per Year: \_\_\_\_\_

Member of Church: (please name) \_\_\_\_\_

List Way you have been OR are presently involved in the Church:

Reasons for Applying for this Scholarship: