

THE REV. CHIMPEI PETER AND UMENO GOTO MEMORIAL SCHOLARSHIP FUND

Parker United Methodist Church
P.O. Box 832
45-211 Waikalua Road, Kaneohe, HI 96744-2721
Telephone: (808) 247-3250

General Information

The Rev. Chimpei Peter and Umeno Goto Memorial Scholarship Fund (Goto Memorial Scholarship Fund) is established in memory of the late Reverend Chimpei Peter and Umeno Goto who founded the Kailua, Kahalu'u and Parker United Methodist Churches. The purpose of the fund is to encourage and help students in the Hawaii District of the United Methodist Church to pursue careers in Christian Service.

I. QUALIFICATIONS:

- A. Applicant must be an active member of a Hawaii District United Methodist Church for at least 3 years.
- B. Applicant must attend an accredited seminary in Christian ministry.
- C. Scholarships may also be granted for the Summer Licensing School and Ministerial Course of Study.

II. CONDITIONS:

- A. Fully completed application must be submitted by **April 30th**.
- B. Grades and Attendance:
 - 1. Minimum of 9 credits to qualify for full scholarship
 - 2. 2.5 grade point average must be maintained
 - 3. Copy of transcript must accompany application (for renewal applicant)
- C. Recipient is eligible for scholarship up to four years and must apply each year.

D. Recipient is expected to keep Goto Scholarship Committee informed of any changes in their academic status.

E. First-time applicant must submit all of the following attachments to be considered for the scholarship:

1. Goto Scholarship Application
2. Goto Financial Information (Attachment A)
3. Statement on your faith and commitment (Attachment B)
4. Pastor's Recommendation / Comments (Attachment C)
5. Sealed official transcript

F. Renewing applicant needs to submit the following forms

1. Goto Scholarship Application
2. Goto Financial Information (Attachment A)
3. Sealed official transcript

G. Send completed application to:

Goto Memorial Scholarship
C/o Parker United Methodist Church
P.O. Box 832
Kaneohe, HI 96744-2721

III. SCHOLARSHIP AWARD

A. Applicants will be notified of award status by May 30th.

B. If applicant is awarded a scholarship, the following documents must be received two weeks prior to class start date for dispersal of funds for 2nd term:

1. Updated sealed official transcript.
2. Number of credits registered for the upcoming term.

C. Scholarship check will be mailed directly to the school.

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Application

First-Time applicant must complete all three attachments, A through C.

APPLICANT'S NAME: _____

ADDRESS: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

E-MAIL ADDRESS: _____

CHURCH IN HAWAII DISTRICT: _____

CHURCH ADDRESS: _____

CHURCH PHONE NUMBER: _____

CHURCH E-MAIL ADDRESS: _____

PASTOR'S NAME: _____

PASTOR'S PHONE NUMBER: _____

PASTOR'S E-MAIL ADDRESS: _____

NAME OF SEMINARY: _____

MAJOR/DEGREE: _____

SCHOOL ADDRESS: _____

COURSE LIST FOR INTENDED ACADEMIC SESSION

You may list your courses for the semester/quarter below, or attach a schedule of courses.

BEGINNING DATE OF COURSES FOR INTENDED ACADEMIC SESSION: ___/___/20___

Course Name	Credits
1.	
2.	
3.	
4.	
5.	
6.	

Applicant's Signature: _____ **Date:** ___ / ___ / 20__

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Attachment A Financial Information

APPLICANT'S NAME: _____

NAME OF SEMINARY: _____

ESTIMATED COST FOR THE SCHOOL YEAR:

Tuition:	\$ _____	Grants:	_____
Books and Supplies:	\$ _____	Other Scholarships:	_____
Others (Define):	\$ _____		_____
	\$ _____	Other Funds:	_____
	\$ _____		_____
	\$ _____		_____
Total Estimated Cost:	_____	Total Funds:	_____

Applicant agrees to the following:

1. Return Scholarship Funds if not used for the purpose of scholarship.
2. Return any unused portion of scholarship if applicant withdraws from school.

Applicant's Signature: _____ **Date:** ___ / ___ / 20__

Committee Information Only:

Scholarship Granted: \$ _____ **Date:** ___ / ___ / 20__

Chair Person's Signature: _____ **Date:** ___ / ___ / 20__

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Attachment B Statement of Your Faith and Commitment

First-Time Applicant: To be submitted together with scholarship application.

We prefer typed responses in the following suggested format:

1. Put Last name, page # on top right header of each page.
2. 1-Inch Margins.
3. Times New Roman.
4. 12-point font.
5. Include question in single-spaced format.
6. Include responses in double-spaced format.
7. Proper spelling and grammar are considered for quality.

In 500 words or less, please answer these questions:

1. How did your experiences in Hawaii influence your call to Christian Service? (include beliefs)
2. How will you prepare for your sense of call in Christian service?

Sign and date the bottom of your statement.

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Attachment C Pastor's Recommendation/ Comments

First-Time Applicant: To be submitted together with scholarship application.

Pastors:

1. Please fill out the following information and sign.
2. Submit your letter of recommendation with this attachment.
3. Return letter of recommendation and this form to the applicant.

APPLICANT'S NAME: _____
NAME OF CHURCH: _____
YEARS AS ACTIVE MEMBER: _____
PASTOR'S NAME: _____
PASTOR'S PHONE NUMBER: _____
PASTOR'S E-MAIL ADDRESS: _____
PASTOR'S SIGNATURE: _____

Please type a letter of recommendation including and the following information:

1. Examples of church leadership and responsibilities
2. Your relationship and understanding of the applicant.
3. Your signature and date.