Katherine T. Smith Scholarship Applicant Guidelines for 2024-2025 School year

Please read guidelines in their entirety before starting application. Students <u>reapplying</u> for scholarship need only to submit information indicated by asterisks (*).

- 1. **First time applicants only** must submit 2 letters from Anona's Leadership Staff explaining applicant's association with Anona United Methodist Church.
- 2. First time applicants only must submit 2 letters regarding service or involvement to church, community or school from members of the community or church recommending them for an educational scholarship. Letters may show economic need as well as the field they have chosen.
- *3. All applicants must submit proof of economic status by submitting parent's most recent (2022) W-2 Tax Return information. If applicant is self-supported, they must submit their own most recent (2022) W-2 and Tax Return information. W-2 and Tax Return information shall be held in confidence and be given to an accountant to be reviewed for qualification of financial need. If income tax forms have not been completed the applicant may submit their estimated tax form to the committee.

 FINANCIAL INFORMATION IS TO BE SUBMITTED IN A SEPARATE, SEALED ENVELOPE ATTACHED TO THE APPLICATION WITH NAME OF THE APPLICANT ON THE OUTSIDE AND MARKED CONFIDENTIAL.
- *4. All applicants must submit an <u>official transcript</u> indicating Grade Point Average (GPA) for the previous year and most recently completed semester. Grades should be no less than a 2.0 GPA on a 4.0 scale (submitting unofficial transcripts will disallow application for consideration).
- *5. Scholarship shall be for a period of 1 year awarded annually. Applicant may reapply annually not to exceed a total of \$5000.00 for an undergraduate/technical school degree and \$15,000 for a seminary degree.
- *6. THE DEADLINE FOR SUBMITTING THE APPLICATION IS January 12th 2024. In order to be considered for a scholarship, a COMPLETED application and all required materials <u>must be received by noon on Friday January 12th, 2024.</u> Return completed application and all additional required materials to:
 - Anona United Methodist Church Attention: Scholarship Committee
 - 13233 Indian Rocks Road Largo, Florida 33774
- *7. Scholarship applications will be reviewed by February 7th. Applicants may be interviewed during this time. The interview may occur in person or by phone.
- *8. Scholarships will be awarded as early as February 16th and no later than September 1st, 2024, after approval. Recipients will be notified in person, by mail or email by February 29th, 2024. Scholarships awarded shall be in an amount not to exceed \$1,000 per scholarship for a maximum of \$5,000 for the total post-secondary education. Graduate students who are full-time ministerial candidates may be awarded funds not to exceed \$3,000 per scholarship up to a maximum of \$12,000 for the total seminary graduate experience. Checks will be made payable to the educational institution, unless designated otherwise on the application. They will be sent by certified mail.
- *9. Scholarships may be submitted for all types of post-secondary education and are thereby not limited to college degrees.
- **10.** Ministerial candidates who have been accepted or enrolled in a United Methodist accredited Master of Divinity or Doctoral Program on a full-time or part-time basis shall have special preference over all other applicants.
- *11. The application must be typed or print by hand.

For Applicant Use	APPLICATION CHECKLIST		
	Please attach the following in this order.		
	Application (all questions answered / typed or printed / signatures)		
	Endorsement letter(s) by Anona UMC pastors and/or staff		
	Most recent official transcript of credits attached		
	Parent / Guardian / Student financial statement completed & signed		
	Attach your paragraph, career, and study goals & plans		
	Other letters of recommendation		

APPLICATIONKatherine T. Smith Scholarship Fund

Anona United Methodist Church 13233 Indian Rocks Road Largo FL 33774 727 – 595 – 2581

PLEASE PRINT BY HAND OR TYPE

Personal Information

Name	Social Security #				
Street address	City/State	Zip			
Home phone Campus or Cell phone					
Email Address American citizen (Y/N)					
Are you a ministerial candidate (check one)? Yes No					
***First-time applicants are required to submit 2 letters from members of the Anona staff and 2 letters from members of the church or community per Applicant Guidelines #1 and #2.					
Academic Information					
Check One For 2024-2025 School Year:					
Full-time Student (12+ credit hours) Part-time Student (less than 12 credit hours)					
Education Intention: Degree: (Y/N) Certificate or CEUs (Y/N)					
School, College, University or Seminary Attending or Accepted by:					
School Location (City, State) Anticipated or Current Major					
Scholarship check should be made out to(name of school	ol)	· · · · · · · · · · · · · · · · · · ·			
Address of school (to mail check)					
Student ID if assigned (need to provide, once you have this).					
Schools attended in the last 5 years:					
Name of school	entrance date	Dates Attended			
Name of school	entrance date	Dates Attended			
High Cabael Anticipated Data of Crad (Month/Year)		High School CDA			
High School Anticipated Date of Grad (Month/Year):_		High School GPA			
College Anticipated Date of Grad (Month/Year):	·····	Current GPA			
Honor Student (Y/N):					
Member of Service Club(s) (Y/N): Name of Club					
Member of Athletic Team(s) or Band (Y/N): Activity					
Member of Academic Club/Organization (Y/N):	Name of Club/Org				
Other School Activities. Clubs. or Recognitions:					

Write and attach at least one paragraph identifying your educational and career goals. Include any other information that you feel is important for the scholarship committee to consider in regard to your application.

Remember to include an <u>official school transcript</u> with your application Financial Information

Check Which Applies: First time K.T. Smith Applicant	or Reapplication (see bullet below)			
I have received the K.T. Smith Scholarship #	times previously.			
Status (Check One): Single Married Single I	Head of Household (# of dependents)			
Have you been granted other scholarship aid (Y/N)?:				
If yes, explain:				
Do you intend to apply for scholarships at the post-secon	ndary school you plan to attend (Y/N)?:			
If yes, explain				
Will you or your family apply for student loans or have ac	ccess to other sources of financial aid to support	your		
education (Y/N)?:				
If yes, explain				
Work Plans:				
Will it be necessary for you to work while attendi	ing college (Y/N)? hrs/wk			
Family size: (This number includes parents, stude	ent applicant other dependent children and other	re if the		
parents are providing more than one-half of the applican				
List other dependent family members attending	,			
Family Relation to Applicant Place of attenda	•			
,				
				
Describe any obligations that may impact the financial resources of the family.				
*** Remember to include you or your parent's <u>2022 V</u>	<u>v-2 and Tax Form</u> with your application.			
Church and Comp	nunity Involvement			
Gildi Gil dild Golilli	mainty involvement			
Member of Anona (Y/N)? Describe involvement in	Anona UMC ministries (Use separate page if ne	eded):		
Community Volunteer (Y/N)? Describe community v	olunteer involvement (Use separate page if need	ded):		
All of the information included in the application materials	s is true to the best of my knowledge:			
	· · ·			
Student applicant signature	Date			
Parent guardian signature(if applicant is a minor)	Date			
(app.:				

IMPORTANT: Complete the "Application Checklist" on the Applicant Guidelines page to ensure that you have completed all application requirements.

	Committee Application Chec	cklist		
APPLICATION CHECK LIST: Application (all questions answered / printed or typed / signatures) Endorsement letter(s) by Anona pastors and/or staff Most recent Transcript of credits attached Parent / Guardian / Students financial statement completed & signed Paragraph career and study goals and plans Other letters of recommendation				
COMMITTEE FOR KATHERINE T. SMITH SCHOLARSHIP AWARDS Amount Recommended:				
Name	Signature	Date		
Name	Signature	Date		
Name	Signature	Date		