

GRACE COOKSON SCHOLARSHIP APPLICATION

A Scholarship of the Community Foundation of Carroll County, Inc.

APPLICATION PROCEDURE:

1. APPLICANTS SHALL SUBMIT

An official transcript of grades (high school or college) to (non-official copies of grades
Will be accepted as transcripts);

A recommendation from your pastor on the form provided (if the applicant's parent is
His/her pastor, this letter should be written by another officer of the church); and

A personal statement from the student on the form provided

Copies of most current year tax returns for student and parents.

2. The Committee reserves the right to accept or reject any application
3. Student will be notified by June 1 of awards for the following academic year. Payments will be made directly to the colleges in August for the Fall semester and in December for the Spring Semester.
4. To renew a scholarship, the above procedure must be repeated annually.

COMPLETED APPLICATION, STUDENT STATEMENT, PASTOR'S RECOMMENDATION, A
CURRENT TRANSCRIPT OF GRADES, AND TAX RETURNS MUST BE MAILED TO:

COMMUNITY FOUNDATION OF CARROLL COUNTY

255 CLIFTON BLVD. - SUITE 213

WESTMINSTER, MD 21157

ATTN: AUDREY S. CIMINO

GRACE COOKSON SCHOLARSHIP APPLICATION

A Scholarship of the Community Foundation of Carroll County, Inc.

New Application Re-Applying

PLEASE TYPE OR PRINT LEGIBLY

1. NAME IN FULL

LAST FIRST MIDDLE SS#

2. PERMANENT ADDRESS

STREET/ROUTE CITY/STATE ZIP

3. OCCUPATION (IF ANY) _____ INCOME \$ _____

4. NAME AND ADDRESS OF COLLEGE IN WHICH YOU ARE CURRENTLY ENROLLED OR WILL BE ATTENDING:

5. PRESENT ACADEMIC STATUS:

HIGH SCHOOL SENIOR COLLEGE FRESHMAN SOPHOMORE
 JUNIOR SENIOR GRADUATE SCHOOL SECOND CAREER

NAME AND ADDRESS OF SCHOOL:

6. ARE YOU OR WILL YOU BE A FULL-TIME DEGREE CANDIDATE? YES NO

7. MALE FEMALE DATE OF BIRTH: _____ MARITAL STATUS _____

ARE YOU SELF-SUPPORTING YES NO

IF MARRIED, NAME OF SPOUSE _____ INCOME: \$ _____

8. YOUR MOTHER'S NAME _____ OCCUPATION _____ INCOME: \$ _____

ADDRESS _____ PHONE _____

9. YOUR FATHER'S NAME _____ OCCUPATION _____ INCOME:
\$ _____

ADDRESS _____ PHONE _____

10. PARENT'S DEPENDENTS: AGES: _____ OTHER DEPENDENTS IN COLLEGE:

SPECIAL CIRCUMSTANCE [SUCH AS MAJOR MEDICAL BILLS, ETC.]

11. YOUR INTENDED VOCATION _____

12. LIST PRIOR COLLEGES ATTENDED, IF ANY, AND DATES ATTENDED:

REQUIRED SIGNATURES:

Pastor's signature

Date

Administrative Council/Board/Church Council Chair

Date

Your Church

Address

***SELF SUPPORTING OR MARRIED APPLICANTS NEED NOT RESPOND TO QUESTIONS 8, 9, & 10.**

IMPORTANT: PLEASE READ APPLICATION PROCEDURES IN ITS ENTIRETY. PLEASE NOTE THAT FINANCIAL INFORMATION IS ESSENTIAL TO YOU APPLICATION.

DEADLINE: MAY 15, 2015 (POSTMARKED)

DO NOT WRITE BELOW THIS LINE

AWARD: _____

Amount:

\$ _____

Financial Statement

This must be completed before your application can be reviewed.
Academic period for which this statement applies

_____ TO _____
MONTH YEAR MONTH YEAR

**INCOME AVAILABLE
(TO MEET EXPENSES DURING TERM(S)
FINANCIAL AID IS REQUESTED)**

ESTIMATED EXPENSES

PERSONAL FUNDS (CASH, SAVINGS, ETC) \$ _____
TOTAL SUMMER EARNINGS*(ESTIMATE) \$ _____
PARENTAL SUPPORT (PER YEAR) \$ _____
SPOUSES INCOME* \$ _____

TUTITION AND FEES \$ _____
BOOKS \$ _____
HOUSING \$ _____

ASSISTANTSHIPS \$ _____

OTHER EXPENSES (ITEMIZE)

SCHOLARSHIPS (ITEMIZE BELOW)
_____ \$ _____
_____ \$ _____

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

GRANTS (ITEMIZE)
_____ \$ _____
_____ \$ _____

TOTAL EXPENSES \$ _____

LOANS (ITEMIZE) \$ _____
_____ \$ _____

TOTAL INCOME \$ _____

***AFTER ALL TAXES HAVE BEEN DEDUCTED**

**PLEASE NOTE: ON A SEPARATE SHEET
DESCRIBE ANY UNUSUALLY HIGH EXPENSES
(ADDITIONAL ITEMIZED MAY ALSO BE LISTED)
SPECIAL SITUATIONS SHOULD BE EXPLAINED.**

IF YOU ARE A SELF SUPPORTING STUDENT, LIST NUMBER OF DEPENDENTS (EXPLAIN):

LIST EDUCATIONAL LOANS RECEIVED IN PRIOR YEARS:

FULL SIGNATURE OF STUDENT _____ DATE _____

GRACE I. COOKSON SCHOLARSHIP APPLICATION
STUDENT'S STATEMENT

INSTRUCTIONS: WRITE A BRIEF STATEMENT ABOUT WHAT YOUR CHURCH MEANS TO YOU AND ABOUT YOUR EDUCATIONAL AND OR VOCATIONAL GOALS.

GRACE I. COOKSON SCHOLARSHIP APPLICATION

PASTOR'S STATEMENT

Please provide information that would guide the Award's Committee in determining the financial need of the applicant and whether the student is one who will help under-gird The United Methodist Church now and in the future. Each pastor may recommend ONLY ONE person.

NOTE: If the applicant's parent is her/his pastor, this statement should be written by another officer of the church