

## MOUNT OLIVET UNITED METHODIST CHURCH

**Louise “Bubbles” Daniels Memorial Scholarship**  
**Richard Cole Evans Memorial Scholarship**  
**“Woody” Gaskill/Keith Jones Memorial Scholarship**  
**Richard “Dick” Ward Memorial Scholarship Fund**  
**Jane Abbott Zegopulos, R.N. Memorial Scholarship Fund**  
**Betty Ruth Flowers Gibbs Memorial Scholarship**  
**Helen Britt VanCleaf Petty Memorial Scholarship**

### **Guidelines for Scholarships:**

Each scholarship has its own criteria for selection, such as academic ability, financial need, faith and churchmanship, leadership, etc. Please read through the criteria and eligibility requirements, and apply only to those for which you are eligible.

### **The application packet for EACH scholarship must include:**

1. Scholarship application form
2. Applicant’s letter containing a short biographical history including achievements, moral character, leadership, and faith and churchmanship. Applicants should state their future goals and express why they would be a worthy recipient.
3. Student’s **transcript** (through first semester of senior year for high school students; copy of last completed semester for college students). **Does not have to be a certified copy.**
4. Student’s statement of financial need form.
5. Recommendation forms (**please note the number of forms for each scholarship**).

**DANIELS** – two forms completed by 2 persons of the student’s choice  
(available to high school seniors and college students)

**GASKILL/JONES** – one form completed by each of the following

- Teacher or Guidance Counselor
- A Community Person

**EVANS, WARD & ZEGOPULOS** - one form completed by each of the following

#### **High school students**

- Student’s Pastor or Youth Pastor or Director or Church Member
- Teacher

#### **College students**

- College Minister or Church Member
- Member of the College (Advisor, Professor, Coach, etc.)

**GIBBS** – one form completed by each of the following

- Teacher or Guidance counselor
- A Community Person

**PETTY** – one form completed by each of the following

- Teacher or Guidance counselor
- A Community Person or Church Member

**Please remember that incomplete applications will not be considered.**

# MOUNT OLIVET UNITED METHODIST CHURCH SCHOLARSHIP ELIGIBILITY AND CRITERIA

**Pickup Packets February 23<sup>rd</sup>, 2017**  
**Return Packets by March 24<sup>th</sup>, 2017**  
**Interview Date is SUNDAY April 30<sup>th</sup>, 2017**

*All scholarships are available to graduating seniors at Manteo High School, First Flight High School, Cape Hatteras High School and Wanchese Christian Academy.*

1. **LOUISE “BUBBLES” DANIELS MEMORIAL SCHOLARSHIP**
  - a. Must have been a resident of Dare County for at **least two years**.
  - b. Available to High School Seniors and College Students continuing their education.
  - c. May apply for scholarship in subsequent years.
  - d. Must show financial need, faith and churchmanship and moral character.
  
2. **RICHARD COLES EVANS MEMORIAL SCHOLARSHIP**
  - a. Must be a resident of Dare County and a high school graduate.
  - b. Candidate must be enrolled/enrolling in a college, university, technical, or post high school accredited vocational program.
  - c. May apply in subsequent years.
  - d. Must show financial need, faith and churchmanship, motivation to achieve, academic qualities, leadership potential and moral character.
  
3. **WOODY GASKILL/KEITH JONES MEMORIAL SCHOLARSHIP**
  - a. Open to a **Manteo High Senior**
  - b. Applicant must have been accepted by a college, university, technical, or post high school accredited vocational program.
  - c. Must show financial need, adequate academic qualities (C or above high school average), moral character and personality and sport participation.
  
4. **RICHARD H. “DICK” WARD MEMORIAL SCHOLARSHIP**
  - a. Resident of Dare County and high school graduate.
  - b. Applicant must be enrolled/enrolling in a college, university, technical, or post high school accredited vocational program.
  - c. Student may apply in subsequent years.
  - d. Must show adequate academic qualities, faith and churchmanship, financial need, motivation to achieve and leadership potential.
  
5. **JANE ABBOTT ZEGOPULUS, RN, MEMORIAL SCHOLARSHIP**
  - a. Candidate must state the intention of becoming a registered nurse and **BE ENROLLED** in a nursing program at an accredited school that will support that objective.
  - b. Must have a reasonably good chance of achieving this goal academically.
  - c. Recipient must take enough credit hours to fulfill his/her school’s definition of a full-time student.
  - d. Student may apply in subsequent years.

6. **BETTY RUTH FLOWERS GIBBS MEMORIAL SCHOLARSHIP**

- a. Open to Dare County residents seeking to pursue their education beyond high school, including GED recipients, whether through a university, college, community college, or vocational or other training.
- b. No academic requirements for the recipient, except they must be accepted at the educational facility to be eligible for assistance.
- c. Applicant must demonstrate a financial need for the scholarship

7. **HELEN BRITT VAN CLEEF PETTY MEMORIAL SCHOLARSHIP**

- a. Has to be a legal resident of Dare County and a High School Graduate.
- b. Planning to pursue education beyond the High School level, which may be a college, university, community college, trade school, or similar institution.
- c. Student may apply in subsequent years
- d. Must have good character, academic success, church attendance and participation.

**MOUNT OLIVET UNITED METHODIST CHURCH**

P. O. BOX 787

Manteo, NC 27954

(252) 473-2089 -- FAX (252) 473-3850

**SCHOLARSHIP APPLICATION PROCESS**

**STEPS TO FOLLOW IN COMPLETING APPLICATIONS**

(Applicants are also responsible for the details about requirements as outlined in the guidelines)

1. Get a Mount Olivet scholarship application package from the counseling center or online at [www.mountolivetumc.org](http://www.mountolivetumc.org)
2. Decide on the Mount Olivet Scholarship(s) for which to apply. Make sure you read the **criteria** for each application carefully. If you apply for a scholarship and do not meet the criteria, your application **will not** be considered.
3. Complete the forms as described in the guidelines. After completion, the application form and financial aid form should be duplicated for EACH SCHOLARSHIP for which the student is applying. AFTER duplicating forms, fill in the blank which asks for the name of the scholarship.
4. The applicant should study the guidelines for recommendation requirements for each separate scholarship. The applicant should then duplicate the appropriate number of recommendation forms to distribute to the persons making recommendations. (It is also courteous to supply a business envelope with your name and the name of the scholarship on the outside since the referent is asked to return the form in a sealed envelope).
5. After completing all the required forms for EACH SCHOLARSHIP, the applicant should then prepare a SEPARATE BROWN MANILA ENVELOPE FOR EACH SCHOLARSHIP FOR WHICH HE/SHE IS APPLYING and place the appropriate forms in the envelope. THIS ENVELOPE SHOULD HAVE THE STUDENT'S NAME AND THE NAME OF THE SCHOLARSHIP CLEARLY MARKED ON THE OUTSIDE. All manila envelopes with completed applications and all accompanying materials should be returned to the counseling center by 12:00 on **Friday March 24<sup>th</sup> or postmarked by the 24<sup>th</sup>** and sent to Mount Olivet UMC.
5. Applicants **must** be available for an interview on the afternoon of **Sunday, April 30<sup>th</sup>, 2017** at Mount Olivet United Methodist Church in Manteo.

**\*\*LATE APPLICATIONS AND/OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. IT IS THE APPLICANT'S RESPONSIBILITY TO CHECK AND DOUBLE CHECK EACH ENVELOPE FOR COMPLETE CONTENTS AS DESCRIBED IN THE GUIDELINES.**

**MOUNT OLIVET UNITED METHODIST CHURCH**  
Scholarship Application Form

This application is for the \_\_\_\_\_Scholarship.  
(Fill in the blank after duplicating the form)

**APPLICANT** \_\_\_\_\_

**NAME OF CHURCH:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHURCH ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**LIST YOUR INVOLVEMENT IN CHURCH ACTIVITIES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I. Please type a letter containing a short biographical history including achievements, moral character, leadership, and faith and churchmanship. Applicants should state their future goals and express why they would be a worthy recipient.**

**SCHOLARSHIP APPLICATION FORM**  
(Attach additional pages to this application as needed)

APPLICANT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

TELEPHONE NUMBER (H) \_\_\_\_\_ (C) \_\_\_\_\_

APPLICANT'S CURRENT EMAIL ADDRESS: \_\_\_\_\_

STUDENT LIVES WITH: \_\_\_\_\_

FATHER/GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM APPLICANT): \_\_\_\_\_

FATHER'S EMAIL ADDRESS (IF DIFFERENT FROM APPLICANT): \_\_\_\_\_

TELEPHONE NUMBER: (H) \_\_\_\_\_ (C) \_\_\_\_\_

FATHER'S EDUCATION: \_\_\_\_\_

FATHER'S EMPLOYMENT WITH ADDRESS & TELEPHONE #: \_\_\_\_\_

MOTHER/GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM APPLICANT): \_\_\_\_\_

MOTHER'S EMAIL ADDRESS (IF DIFFERENT FROM APPLICANT): \_\_\_\_\_

TELEPHONE NUMBER: (H) \_\_\_\_\_ (C) \_\_\_\_\_

MOTHER'S EDUCATION: \_\_\_\_\_

MOTHER'S EMPLOYMENT WITH ADDRESS & TELEPHONE #: \_\_\_\_\_

**SCHOLARSHIP APPLICATION FORM**

LIST YOUR INVOLVEMENT IN COMMUNITY ACTIVITIES: (May use another sheet) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all school organizations and activities you have participated in and any honors, including athletics, you have received during your high school years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (s) of high school (s)/college(s) attended: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of students in graduating class: \_\_\_\_\_

Class rank through first semester of senior year: \_\_\_\_\_

Cumulative Weighted GPA through first semester of senior year: \_\_\_\_\_

Best SAT scores Critical Reading: \_\_\_\_\_ Math: \_\_\_\_\_ Total: \_\_\_\_\_

Colleges to which you have applied (in order of preference):

\_\_\_\_\_ State: \_\_\_\_\_ Accepted? \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Accepted? \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Accepted? \_\_\_\_\_

In college, you will pursue a: Two year degree \_\_\_\_\_

Four year degree \_\_\_\_\_

Your anticipated major: \_\_\_\_\_

College students:

GPA for last completed semester or quarter: \_\_\_\_\_

*The information given on this form is true and accurate to the best of my knowledge.*

*Applicant's Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

*Parent/Guardian's Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

**SCHOLARSHIP APPLICATION**  
**STATEMENT OF FINANCIAL NEED**

Applicant's Name: \_\_\_\_\_

Father/Guardian's Gross Annual Income for the last tax year: \_\_\_\_\_

Mother/Guardian's Gross Annual Income for the last tax year: \_\_\_\_\_

Total: \_\_\_\_\_

Names and ages of other children in family: \_\_\_\_\_

Number of people dependent on this income: \_\_\_\_\_

Number of dependents (excluding applicant) enrolled in higher education for the upcoming academic year: \_\_\_\_\_

Please explain any special financial conditions, such as medical costs, etc.: \_\_\_\_\_

List student scholarships, loans, etc. (any amounts), already awarded the applicant for the upcoming academic year and indicate if any are pending: \_\_\_\_\_

**SUMMARY FOR THE NEXT ACADEMIC YEAR**

Estimated cost of my education  
for the next academic year:

Estimated financial support of my education  
for the next academic year:

Tuition: \_\_\_\_\_

Housing &

Meals: \_\_\_\_\_

Books & Fees: \_\_\_\_\_

Clothing &

Transportation: \_\_\_\_\_

Personal Expenses: \_\_\_\_\_

Other Expenses: \_\_\_\_\_

Funds supplied by

Parents/Guardian: \_\_\_\_\_

Student's savings/earnings, including  
anticipated summer earnings: \_\_\_\_\_

Other scholars, grants, etc.: \_\_\_\_\_

Other sources: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Difference between total estimated costs and total estimated available funds: \_\_\_\_\_

*The information given on this form is, to the best of my knowledge, a true and accurate reflection of my financial situation.*

*Applicant's signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**\*\*Parent/Guardian's Signature:** \_\_\_\_\_ *Date:* \_\_\_\_\_



## SCHOLARSHIP APPLICATION RECOMMENDATION FORM

Applicant's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

How long have you know applicant? \_\_\_\_\_

In what capacity have you known applicant? \_\_\_\_\_

Please describe the applicant in terms of personal traits and accomplishment, (character, citizenship, leadership, social maturity, etc.)

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Describe any unusual circumstances, special background information which would be helpful to the scholarship committee:

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	Below Avg			Outstanding	
<b>Academic performance</b>	1	3	5	7	9
<b>Leadership potential</b>	1	3	5	7	9
<b>School contribution</b>	1	3	5	7	9
<b>Community contribution</b>	1	3	5	7	9
<b>Athletic ability</b>	1	3	5	7	9
<b>Concern for others</b>	1	3	5	7	9
<b>Dependability</b>	1	3	5	7	9
<b>Overall</b>	1	3	5	7	9

*The information on this form is confidential and should be returned to the student in a sealed envelope **by** **March 23<sup>d</sup>, 2017.***