The Mt. Hebron UMC Scholarship Committee

Proudly offers Educational Scholarships from the Estate of

 JAMES W. HENDRIX

 SCHOLARSHIP APPLICATION INSTRUCTIONS AND FORM

**THE J. W. HENDRIX EDUCATIONAL SCHOLARSHIP ELIGIBILITY**

The J. W. Hendrix Educational Scholarship was created to provide a one-time gift to \***“worthy students who attend Mt. Hebron United Methodist Church, at colleges, universities, seminars, graduate schools, technical educational institutions, etc. under such rules and regulations as it’s governing board shall determine.”** As footnoted below, applicants must also comply with \*\* and \*\*\* for eligibility.

**THE J. W. HENDRIX CONTINUING EDUCATIONAL SCHOLARSHIP ELIGIBILITY**

The J. W. Hendrix Continuing Educational Scholarship was created to provide a second gift to \***“worthy students who attend Mt. Hebron United Methodist Church, at colleges, universities, seminars, graduate schools, technical educational institutions, etc. under such rules and regulations as it’s governing body shall determine.”** The student who applies for the continuing educational scholarship must submit College Transcript showing a minimum GPA of 2.5 out of a 4.0 scale and Minimum of 12 undergraduate credits per semester or 9 graduate credits per semester. The continuing educational scholarship amount gifted will be based on the number of applications that year. As footnoted below, applicants must also comply with \*\* and \*\*\* for eligibility.

\* Excerpt from page 7 of the Trust Agreement of James W. Hendrix, section 4 (a)

\*\* Professing members of Mt. Hebron United Methodist Church for a minimum of one year immediately prior to May 1st of the year of the gift. The professing membership of Mt. Hebron UMC includes all baptized people who have come into membership by profession of faith through appropriate services of the baptismal covenant in the ritual or by transfer from other churches. Refer to Book of Church Discipline for further clarification.

\*\*\* To be eligible to receive this gift, applicants must be enrolled or admitted for enrollment as a full-time student in a post-high school educational institution accredited by one of the nationally recognized accreditation agencies listed in Appendix A of the Scholarship program official rules or licensed by the appropriate state licensing authority commensurate to the South Carolina Department of Labor, Licensing and Regulation.

**APPLICATIONS**

All applications shall be submitted to the Church Office in person, via email, or by U.S. Postal Service beginning January 1 of each year and must be postmarked no later than March 31. Mail applications to:

The J. W. Hendrix Educational Scholarship Email Address:

C/O Mt. Hebron United Methodist Church scholarship@mthebronumc.com

3050 Leaphart Road

P.O. Box 5737

West Columbia, SC 29171

Applications shall be postmarked no later than March 31. Applications postmarked after March 31 shall be denied. Scholarship applications must be in the form of the official application approved by the Committee. Incomplete applications will not be considered and will be returned to the applicant. A returned application may be completed and resubmitted to the Committee and will be considered if received by the Committee prior to the application deadline.

**Application deadlines, evaluation, and payment of scholarship awards**:

* The Committee will receive applications by U.S. mail postmarked no later than March 31.
* Evaluation of the applications will be completed before the last Sunday in April.
* Applicants shall be notified of the awards prior to graduate recognition Sunday.
* Scholarship recipients shall be publicly announced on graduate recognition Sunday
* Payment of the scholarship awards shall be made directly to the institution and will be contingent upon the Committee receiving written (or otherwise verifiable) confirmation of acceptance by the institution and the applicant’s enrollment at the institution.

**If the award exceeds $2,000, the award will be paid in two installments:**

* One half at the beginning of the first semester of attendance following the award
* One half at the beginning of the second semester, assuming the Committee has received the first semester grade report as evidence of acceptable academic standing and the second semester student schedule as verification of continued enrollment.
* Scholarship awards per semester shall not exceed the actual cost of education expenses charged to the applicant for the semester by the institution through the institution’s financial office. Any scholarship award amount not payable because of this limitation shall be refunded to the Scholarship Fund.

**J. W. HENDRIX EDUCATIONAL SCHOLARSHIP APPLICATION**

**THE J. W. HENDRIX EDUCATIONAL SCHOLARSHIP ELIGIBILITY**

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Applicant Name:

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

First Middle Last

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Street Address/PO Box: Phone Number:

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

City: State: Zip Code:

Applicant Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address and Phone Number (if different from applicant):

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

Date when Applicant became a Professing Member of Mt. Hebron UMC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Applicant must be a professing member of Mt. Hebron United Methodist Church for one (1) or more years.)**

Name of School currently attending (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School you are planning to attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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School anticipated date of attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_

**Submit two (2) letters: Attach in separate documents**

The first (1st) letter (written by the applicant) shall be about his/her involvement at Mt. Hebron United Methodist Church in West Columbia, S. C.

The second (2nd) letter shall be from a reference (for example a Sunday School teacher, Youth counselor, Youth Director, Mission Leader, Pastor, etc.) who has knowledge and experience with the applicant’s involvement at Mt. Hebron UMC.

Letters should be submitted directly to: Mt. Hebron UMC

 P. O. Box 5737

 West Columbia, S. C. 29171

OR

Email Address: scholarship@mthebronumc.com

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_ /\_\_\_\_\_ / \_\_\_\_\_\_\_

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