

UNITED METHODIST CITY SOCIETY
GUIDELINES FOR THE WILLIAM, JUANITA, & EDWARD JAMES MEMORIAL SCHOLARSHIP
FOR THE ACADEMIC YEAR 2024-2025

Eligibility

- The applicant must be a member of a United Methodist Church in the New York Annual Conference.
- The applicant must be between 16 and 25 years old and have a minimum 2.75 GPA at the time of application to qualify for a scholarship.
- The applicant must be a current high school senior or an enrolled student in an undergraduate program at an accredited higher education institution. Post-secondary degree students are not eligible.
- There are three scholarship opportunities: Academic merit-based, Community service-based, and Financial need-based. **You can only submit one application and select one type of scholarship.**

Application Requirements

- I. Completed applications with:
 - a. a current official transcript or a diploma, and/or
 - b. a copy of the acceptance letter from the college where the applicant will be studying.
 - c. a résumé that includes a list of awards, church and/or community service activities

- II. Three (3) Letters of recommendation are required from:
 - a. Your Pastor
 - b. Local Church leader and
 - c. Teacher/Professor

These letters must be sent independently from your application. Please request these letters and inform your recommenders to send their letter directly to scholarshipinfo@umcitysociety.org. **Recommendations must be received by the deadline for your application to be complete.**

- III. Essay- A minimum of 500 words- no more than two pages double-spaced, 1-inch margins.
 - a. You must write an essay about your aspirations to become a leader for the transformation of your community, society, or the world. It should include what experiences have transformed you and how important your church has been in nurturing your leadership.

- IV. If applying for the financial need-based scholarship:
 - a. Please complete the attached financial statement and attach the first two pages of your or your guardian's 2023 1040 tax forms (Social Security numbers should be removed). Please also submit your FAFSA Submission Summary.

Application Submission

Candidates must complete all required parts of the application for submission to the scholarship committee.

- All documents **MUST** be submitted in pdf, word, excel, and/or Google documents.
NO PICTURES OR SCREENSHOTS OF DOCUMENTS ARE ACCEPTABLE.
- Please ensure that any additional pages of your essay include your name on each page as a header and are numbered.
- Please add the email scholarshipinfo@umcitysociety.org to your safe sender email list. All correspondence will be done via email.

**THIS APPLICATION MUST BE IN THE OFFICES OF THE UNITED METHODIST CITY SOCIETY
BY NOON ON FRIDAY, MAY 3, 2024.**

If using UPS, USPS or FEDEX, it must be POSTMARKED by MAY 3, 2024, and mailed to:

**THE UNITED METHODIST CITY SOCIETY
ATTN: WILLIAM, JUANITA & EDWARD JAMES MEMORIAL SCHOLARSHIP
475 RIVERSIDE DRIVE, SUITE 1922
NEW YORK, NY 10115**

Email the COMPLETED APPLICATION to scholarshipinfo@umcitysociety.org

You may fax the completed application to 212-870-3091

*Incomplete or late applications will **NOT** be considered by the Scholarship Review Committee.*

The William, Juanita and Edward James Memorial Scholarship Committee

Rev. Dr. John E. Carrington

Rev. William R. Freeman

Ian Harris

Mrs. Jade Sharp-James

Kyle James

Mr. Ryan L. James

Mr. Archie Maybank

Rev. Angela M. Redman

Rev. John L. Wood

THE WILLIAM, JUANITA, AND EDWARD JAMES MEMORIAL SCHOLARSHIP APPLICATION

The William, Juanita, and Edward James Memorial Scholarship was established in 2013 following Rev. Dr. William James' death to encourage young people who aspire to become agents for transforming the world. Limited scholarships are available and will be awarded based on academic merit, community merit, and financial need.

PLEASE SELECT THE SCHOLARSHIP YOU ARE APPLYING FOR:

ACADEMIC MERIT **COMMUNITY SERVICE** **FINANCIAL NEED**

NAME: _____

ADDRESS: _____

(Please include your full mailing address, including apartment number and city, state, and zip code)

TELEPHONE: _____ **EMAIL:** _____

DATE OF BIRTH: _____

HOW LONG HAVE YOU BEEN A MEMBER OF THE UNITED METHODIST CHURCH? _____

CURRENT CHURCH NAME: _____

PASTOR: _____

HOW LONG HAVE YOU BEEN A MEMBER OF THIS CHURCH? _____

IF LESS THAN 2 YEARS, PLEASE LIST YOUR OTHER CHURCHES AND THE NUMBER OF YEARS YOU WERE A MEMBER: _____

DISTRICT: _____

CURRENT SCHOOL: _____

CURRENT GRADE POINT AVERAGE (GPA): _____

WHAT IS YOUR CURRENT LEVEL OF STUDY AT THIS SCHOOL? _____

WHAT INSTITUTION WILL YOU ATTEND IN THE FALL OF 2024? _____

MAJOR / FIELD OF STUDY: _____

FULL-TIME **PART-TIME** **HOW MANY COURSES WILL YOU TAKE?** _____

CREDITS TO BE EARNED: _____

LETTERS OF RECOMMENDATION:

You must request your pastor, Local Church Leader, and Teacher or Professor to send a letter or email of recommendation separately and independently of your application. Please list the names of your recommenders and their email address.

These letters of recommendation are to be sent directly to The United Methodist City Society at scholarshipinfo@umcitysociety.org. Please follow up with your recommenders so they meet the May 3, 2024, deadline.

PASTOR: _____

EMAIL ADDRESS: _____

LOCAL CHURCH LEADER: _____

EMAIL ADDRESS: _____

TEACHER OR PROFESSOR: _____

EMAIL ADDRESS: _____

FINANCIAL STATEMENT

I. HAVE YOU EVER RECEIVED A SCHOLARSHIP FROM THIS FUND? YES No

II. DO YOU CURRENTLY HAVE ANY OUTSTANDING LOANS/DEBTS? YES No

(IF THE ANSWER IS YES, PLEASE LIST LOANS/DEBTS ON A SEPARATE SHEET OF PAPER AND SUBMIT IT WITH THIS APPLICATION)

III. WHAT ARE YOUR ESTIMATED EXPENSES FOR THE CURRENT SCHOOL YEAR?

Tuition and fees:	\$	_____
How many credits does this represent?		_____
Books:	\$	_____
Housing:	\$	_____
Food:	\$	_____
Other Living Expenses:	\$	_____
Other Expenses:	\$	_____
Total:		_____

IV. WHAT ARE YOUR SOURCES OF INCOME FOR THE CURRENT SCHOOL YEAR?

Salary:	\$	_____
Scholarships / Grants:	\$	_____
Savings:	\$	_____
Loans:	\$	_____
Gifts:	\$	_____
Total:		_____

V. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR EMPLOYMENT (IF EMPLOYED):

Name of Employer: _____

Position: _____

How long? _____ Salary: _____

Did you file taxes for 2023? YES NO Other Income: YES NO
If Yes: _____

VI. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR HOUSEHOLD COMPOSITION:

1. ARE YOU MARRIED? YES NO _____

2. IS YOUR SPOUSE EMPLOYED? YES NO IF YES, WHAT IS THEIR SALARY? _____

3. HOW MANY CHILDREN RESIDE IN YOUR HOUSEHOLD? _____

VII. IF YOU ARE BELOW AGE 21, PLEASE PROVIDE THE INFORMATION REQUESTED BELOW FOR YOUR PARENTS OR GUARDIANS (PLEASE PROVIDE A COPY OF THE FIRST TWO PAGES OF YOUR GUARDIANS 2023 FEDERAL 1040 FORM AS VERIFICATION OF INCOME)

MOTHER OR GUARDIAN 1

NAME: _____

ADDRESS: _____

EMPLOYER: _____

TYPE OF BUSINESS: _____

POSITION: _____ SALARY: \$ _____

TOTAL NO. OF DEPENDENTS: _____ TOTAL NO. OF CHILDREN IN COLLEGE: _____

FATHER OR GUARDIAN 2

NAME: _____

ADDRESS: _____

EMPLOYER: _____

TYPE OF BUSINESS: _____

POSITION: _____ SALARY: \$ _____

TOTAL NO. OF DEPENDENTS: _____ TOTAL NO. OF CHILDREN IN COLLEGE: _____

VIII. PLEASE USE THE SPACE BELOW TO PROVIDE ANY ADDITIONAL INFORMATION THAT YOU FEEL WILL HELP THE COMMITTEE UNDERSTAND YOUR CURRENT FINANCIAL SITUATION. (YOU MAY USE A SEPARATE SHEET(S) OF PAPER

ACKNOWLEDGEMENT

- I understand that if awarded a scholarship, I release to the UMCS the right to use my name and picture on websites, for printed materials and/or publications without compensation.

- I hereby certify that all information in this application is accurate and complete. I understand that all information contained in this application will be treated confidentially and will be used solely by the scholarship committee.

SIGNATURE OF APPLICANT: _____

DATE: _____