## UNITED METHODIST CITY SOCIETY GUIDELINES FOR THE WILLIAM, JUANITA, & EDWARD JAMES MEMORIAL SCHOLARSHIP FOR THE ACADEMIC YEAR 2025-2026

#### 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. An official transcript for the 2024 2025 academic year;
  - b. A copy of the acceptance letter from the college where the applicant will be studying (entering Freshmen).
  - 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. A 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 <a href="mailto:scholarshipinfo@umcitysociety.org">scholarshipinfo@umcitysociety.org</a>. 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 2024 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 <u>MUST</u> 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 <u>scholarshipinfo@umcitysociety.org</u> 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 9, 2025.

#### If using UPS, USPS or FEDEX, it must be POSTMARKED by MAY 9, 2025, and mailed to:

#### THE UNITED METHODIST CITY SOCIETY

475 RIVERSIDE DRIVE, SUITE 1922 NEW YORK, NY 10115 ATTN: WILLIAM, JUANITA & EDWARD JAMES MEMORIAL SCHOLARSHIP

#### 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 Memo Scholarship Committee	orial
	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 to honor the legacy of Rev. Dr. William James by encouraging 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:

21.12577		
NAME:		
(Please include y	our full mailing address, including apartment number and city, st	tate, and zip code)
TELEPHONE:	EMAIL:	
DATE OF BIRTH:		
HOW LONG HAVE YOU BEEN A M	EMBER OF THE UNITED METHODIST CHURC	СН?
CURRENT CHURCH NAME:		
PASTOR:		
	EMBER OF THIS CHURCH?	
IF LESS THAN <b>2</b> YEARS, PLEASE I	LIST YOUR OTHER CHURCHES AND THE NUM	MBER OF YEARS YOU WERE
DISTRICT:		
CURRENT SCHOOL .		
CURRENT SCHOOL:		
	AGE (GPA):	
CURRENT GRADE POINT AVERA		
CURRENT GRADE POINT AVERA	AGE (GPA):	
CURRENT GRADE POINT AVERA WHAT IS YOUR CURRENT LEVEL WHAT INSTITUTION WILL YOU AT	OF STUDY AT THIS SCHOOL?	
CURRENT GRADE POINT AVERA WHAT IS YOUR CURRENT LEVEL WHAT INSTITUTION WILL YOU AT MAJOR / FIELD OF STUDY:	AGE (GPA): OF STUDY AT THIS SCHOOL? TEND IN THE FALL OF 2025?	
CURRENT GRADE POINT AVERA WHAT IS YOUR CURRENT LEVEL WHAT INSTITUTION WILL YOU AT MAJOR / FIELD OF STUDY:	AGE (GPA): OF STUDY AT THIS SCHOOL? TEND IN THE FALL OF 2025? HOW MANY COURSES WILL YOU TAKE	

#### **LETTERS OF RECOMMENDATION:**

All applicants must request the pastor, Local Church Leader, and Teacher or Professor to email or mail a letter 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 9, 2025 deadline.

PAS	STOR:				
EMA	AIL ADDRESS:				
LO	CAL CHURCH LEADER:				
EMA	AIL ADDRESS:				
TEA	ACHER OR PROFESSOR:				
	AIL ADDRESS:				
	EINIANICIAI STATEMENT				
	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:				
	Total:				

V.	PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR EMPLOYMENT (IF EMPLOYED):  Name of Employer:  Position:					
	How long?					
	Did you file taxes	for 2024? YES [	□ NO □	Other Income: YES  If Yes:		
VI.	PLEASE ANSWER TH	HE FOLLOWING	QUESTIONS A	BOUT YOUR HOUSEHOLD COM	IPOSITION:	
	1. ARE YOU MARRI	ED? 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, PLEA	SE PROVIDE	THE INFORMATION REQUEST	ED BELOW FOR YOU	
	PARENTS OR GUAR GUARDIANS 2023 FE <u>OR GUARDIAN 1</u>	RDIANS (PLEAS) DERAL 1040 FO	E PROVIDE RM AS VERIF	A COPY OF THE FIRST TV ICATION OF INCOME)	VO PAGES OF YOU	
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MOTHER (	PARENTS OR GUAR GUARDIANS 2023 FE  OR GUARDIAN 1  NAME:  ADDRESS:  EMPLOYER:  TYPE OF BUSINESS:  POSITION:  O. OF DEPENDENTS:	RDIANS (PLEAS)	E PROVIDE RM AS VERIF	A COPY OF THE FIRST TV ICATION OF INCOME)  SALARY: \$  TOTAL NO. OF CHILDR	EN IN COLLEGE:	
<b>10THER</b> (	PARENTS OR GUAR GUARDIANS 2023 FE  OR GUARDIAN 1  NAME:  ADDRESS:  EMPLOYER:  TYPE OF BUSINESS:  POSITION:  O. OF DEPENDENTS:  OR GUARDIAN 2  NAME:	RDIANS (PLEAS)	E PROVIDE RM AS VERIF	A COPY OF THE FIRST TV ICATION OF INCOME)  SALARY: \$  TOTAL NO. OF CHILDR	EN IN COLLEGE:	
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TOTAL N	PARENTS OR GUAR GUARDIANS 2023 FE  OR GUARDIAN 1  NAME:  ADDRESS:  EMPLOYER:  TYPE OF BUSINESS:  POSITION:  O. OF DEPENDENTS:  DR GUARDIAN 2  NAME:  ADDRESS:  EMPLOYER:  TYPE OF BUSINESS:  POSITION:	RDIANS (PLEAS)	E PROVIDE RM AS VERIF	A COPY OF THE FIRST TV ICATION OF INCOME)  SALARY: \$  TOTAL NO. OF CHILDR	EN IN COLLEGE:	

VIII.		PROVIDE ANY ADDITIONAL INFORMATIO OUR CURRENT FINANCIAL SITUATION.	
A	printed materials and/or publication:  I hereby certify that all information in	arship, I release to the UMCS the right to use meas without compensation.  In this application is accurate and complete. I used solely by	nderstand that all information
SIGN	NATURE OF APPLICANT:		
DATE	E:		