



## **GEORGETTA JENKINS MEMORIAL SCHOLARSHIP**

**This scholarship is provided by the Georgetta Jenkins Memorial Scholarship Committee of Wesley United Methodist Church. In order to be considered for a scholarship, please follow the guidelines.**

**AMOUNT VARIES**

**QUALIFICATION:** Applicant must have a GPA of 2.0 or above.

**The applicant or a parent of the applicant MUST be a member of Wesley United Methodist Church.**

**The Applicant MUST be a full time undergraduate student or a high school senior.**

**DEADLINE:** April 1, 2020

**PLEASE NOTE:** Applications and official transcripts not received by April 1, 2020, and not typed or written in blue or black ink will be disqualified. There will be no exceptions. Please send your application and have your official transcript sent to:

**Georgetta Jenkins Memorial Scholarship Committee  
Wesley United Methodist Church  
Post Office Box 72  
Johns Island, South Carolina 29457**

# GEORGETTA JENKINS MEMORIAL SCHOLARSHIP FUND

## FOR UNDERGRADUATE STUDY ONLY

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Board of Trustees  
Wesley United Methodist Church  
P.O. Box 72, Johns Island, SC 29457

**Deadline for submitting application is April 1, 2020**

**INSTRUCTIONS:** PLEASE TYPE OR PRINT CLEARLY. Answer every question.

### APPLYING FOR

First Year \_\_\_\_\_

Second Year \_\_\_\_\_

Third Year \_\_\_\_\_

Fourth Year \_\_\_\_\_

### TYPE OF SCHOLARSHIP

Academic \_\_\_\_\_

Need \_\_\_\_\_

**PLEASE NOTE:** This application is for one academic year only; you may reapply.

Name in full \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Your mailing address while at school if known \_\_\_\_\_  
Street

City State Zip

Age \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name and address of college you plan to attend during scholarship year. \_\_\_\_\_  
\_\_\_\_\_

Academic classification (Scholarship Year) Fr. \_\_\_\_\_ Soph. \_\_\_\_\_ Jr. \_\_\_\_\_ Sr. \_\_\_\_\_

Will you be enrolled full-time? \_\_\_\_\_ Grade point average \_\_\_\_\_

When will you graduate? \_\_\_\_\_ Degree \_\_\_\_\_ For what career are you preparing? \_\_\_\_\_  
\_\_\_\_\_

### Statement

If you are applying for this scholarship for the first time write a statement of your vocational goals, including What influenced you in your career choice? (Use a separate sheet of paper.)

## FINANCIAL STATEMENT

Both income and expenses must be completed before application can be considered. **PLEASE EXPLAIN ANY UNUSAL OR SPECIAL CIRCUMSTANCES ON A SEPARATE SHEET. PLEASE ITEMIZE/EXPLAIN ALL STARRED ITEMS ON ANOTHER SHEET**

### Estimated expenses for school year:

Tuition and Fees	\$ _____
Books	\$ _____
Housing	\$ _____
Food	\$ _____
Personal*	\$ _____
Family support *	\$ _____
Other expenses *	\$ _____

**TOTAL Expenses**      \$ \_\_\_\_\_

### Financial Resources from:

Funds on hand	\$ _____
Expected Earnings	\$ _____
Support from parents	\$ _____
Grants(Pell/BIA etc.)*	\$ _____
Loans*	\$ _____
Transportation *	\$ _____
Work Study	\$ _____
Social Security	\$ _____
Veteran or GI	\$ _____
Scholarships	\$ _____
Spouses Income	\$ _____
Other income*	\$ _____

**TOTAL Resources**      \$ \_\_\_\_\_

1. If your expenses are greater than your income, how do you plan to meet this difference? \_\_\_\_\_  
\_\_\_\_\_
2. What grants/scholarships will you receive this year? \_\_\_\_\_.
3. For What grants/Scholarships have you applied that are still pending? \_\_\_\_\_.
4. Have you requested financial aid from your school? \_\_\_\_\_. Has any been granted? \_\_\_\_\_.  
Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. When will you receive notice of financial aid from the school? \_\_\_\_\_
6. Will you be living on campus? \_\_\_\_\_ With Parents? \_\_\_\_\_ Other? \_\_\_\_\_
7. Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_
8. Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_
9. Spouse's Name \_\_\_\_\_ Occupation \_\_\_\_\_

### Transcript

Request that your high school or college **mail** your official transcript of latest academic work by the April 1, 2020 deadline to:  
Georgetta Jenkins Memorial Scholarship Committee  
Wesley United Methodist Church  
P.O. Box 72  
Johns Island, SC 29457

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be signed for application to be valid)

## **Statement**

Write a statement of your vocational goals; including what influenced you in your career choice?  
(Use **this sheet of paper.**)