

James Leon and Myrtice Marie K. Peed Award

Form for First-Time Applicant
Application Deadline: March 15th each year

Full Name _____ Soc. Sec. No. _____ Date _____

Undergraduate ____ Masters Level ____ Male ____ Female ____ DOB _____ Phone No. _____

Occupation _____ U.S. Citizen (Yes/No) _____
If not, give permanent Alien Resident No.

Permanent Address _____
Street City State Zip Code

Present Address _____
Street City State Zip Code

E-mail Address _____

Name/Address of the United Methodist Church where you are a member _____

Street City State Zip Code

Date of confirmation/membership vows with The United Methodist Church: ____/____/____
Mo Yr

Is your church located in the South Georgia Conference? _____

What is your candidacy status or Conference Relationship? _____

As pastor of the above named applicant, I certify that he/she has been endorsed by the Local Church/Charge Conference as a candidate for ministry (____ Ordained Ministry, ____ Permanent Order of Deacon)

Signed _____

If it is difficult to get the above signature on this application, you can ask your pastor to send a letter to **the Georgia United Methodist Commission on Higher Education and Campus Ministry, Attn: Executive Director. P O Box 1529, Carrollton, GA 30112.**

Check here if letter is being sent _____

Ethnic Group () African American () Asian () Caucasian () Hispanic
() Native American () Pacific Islander () Biracial () Other

Please indicate the ethnic community with which you most closely identify _____

Name and address of the school you plan to attend during the scholarship year:

Name Street City State Zip Code

Classification: Freshman ____ Sophomore ____ Junior ____ Senior ____ Masters Level ____

Hours required for full-time status at your school? _____ GPA _____

Will you be enrolled full-time for the full year? ____ If not, how many hours will you be taking? _____

Pursuing what degree? _____ Expected Graduation Date _____ Career Goal _____

Institution	Dates Attended	Previous School(s) Attended			Grade Point Average
		Major	Minor	Degree Earned	

Parents' Names and Occupation _____

If married, give name and occupation of Spouse _____

Number of Children _____ Name/Age _____

A financial statement must be completed before application can be considered. (Estimate expenses and income for the school year in which you will use this award.) It would be helpful to the Scholarship Committee if you would send a copy of our Financial Aid Form or Family Financial Statement which you have submitted to your school, college, or seminary.

Tuition & Fees _____	Funds in hand _____
Books _____	Expected Earnings _____
Housing _____	Support from Others _____
Food _____	Spouse's Income _____
Transportation* _____	Veteran's/G.I. Bill _____
Personal _____	Loans* _____
Other Exp.* _____	Scholarships* _____
Total Expenses _____	Other Income* _____
	Total Resources _____

* Itemize/explain on another sheet

What grants/scholarships will you receive or are still pending this year?

_____ List names and amounts

List other grants/scholarships applied for, but not yet approved.

_____ List names and amounts

How much do you owe in educational loans for previous year(s)? _____

Will you be living on campus _____ with parents _____ in your own household _____

Other (explain) _____

Other Documents Required for First-Time Applicants

1. Three letters of recommendation (other than relatives). These references could be from a) your pastor or District Superintendent; b) a teacher/professor; c) an employer or any responsible adult who is in a position to make an adequate statement about you. Please list their names, addresses, and occupations in the space below.

2. Request school registrar to mail an official transcript of your most recent academic work.
3. Type/write a statement on your philosophy of life, religious development, and vocational goals, including what influenced you in your career choice.
4. Please send a recent picture.

Please have documents sent to:

Peed Scholarship Committee
 c/o Executive Director
 P O Box 1529
 Carrollton, GA 30112

Phone: 770.854.7283 e-mail: gahied@bellsouth.net

Applicant's Signature _____ Date _____

IMPORTANT!

You must reapply each year to receive this award. Re-application forms may be downloaded from: <http://gahied.com/MethodistRelated.html>. *Application deadline is March 15th of each year.*

Only one major award from a United Methodist Church Agency may be received the same academic year

 The above-named person is a student in good standing at this school and is being nominated for the PEED SCHOLARSHIP AWARD in the amount of \$ _____ for the academic year _____.

Signature of Scholarship Rep _____ Date _____

Name of Scholarship Rep (*please print*) _____ Position _____

Mailing Address _____

Telephone Number _____ E-Mail Address _____