

United Methodist City Society 475 Riverside Drive, Suite 1922 New York, NY 10115 Tel: (212) 870-3084 Fax: (212) 870-3091

# REV. DR. WILLIAM M. JAMES FAMILY MEMORIAL SCHOLARSHIP PROGRAM

The Rev. Dr. William M. James Family Scholarship Committee

Rev. Dr. John E. Carrington Mrs. Jade Sharp-James Mr. Ryan L. James Rev. Dr. William S. Shillady Rev. Dr. Anthony J. Shipley Rev. William R. Freeman Dear Friends in Christ,

Attached to this email, please find a copy of the application form for The Rev. Dr. William M. James Family Memorial Scholarship Fund established by the generosity of his friends after his passing. Dr. James had hoped that this scholarship would be able to encourage young people who aspire to be agents for the transformation of the world.

Limited funds are available for those persons who will be attending an accredited institution of higher education, have leadership potential and some level of financial need.

They must be recommended by their pastor, a lay person who is a leader in the local church, and a teacher or professor.

All candidates must meet the following criteria:

- Membership in a church in the New York Annual Conference; and
- Enrollment in a program at an accredited college or university approved by the Scholarship Committee.
- Full time student for the academic year 2015 2016.

The Scholarship Committee will NOT review applications from persons who:

- Are not members of churches in the New York Annual Conference.
- Are pursuing additional advanced degrees (*i.e. second master's degree or doctoral degree*); and
- Are not pursuing programs that will lead to a degree or certificate.
- Do not submit the application by the deadline.

# The <u>deadline for 2015 - 2016 academic year scholarship applications is May 8, 2015 at 12</u> <u>Noon if hand delivered or emailed. The application must be postmarked May 7th, 2015 if</u> <u>using the US Postal Service, Fed Ex, or UPS.</u>

Late and/or incomplete applications will not be considered. All reference letters must come by separate cover and be mailed separately. (Your application will not be denied if we do not receive a reference letter from your pastor, church lay leader or teacher or professor as long as we have their contact information.)

Feel free to contact me by email at <u>bshillady@umcitysociety.org</u> or by phone at (212) 870-3094, if you have any questions or need any further information concerning the Scholarship Fund.

Sincerely,

Reverend Dr. William S. Shillady Member of the committee

## UNITED METHODIST CITY SOCIETY Guidelines for the Rev. Dr. William M. James Scholarship For the academic year 2015-2016

#### **Requirements and Procedures**

- I. The applicant must be a member of a United Methodist Church in the New York Annual Conference.
- II. The scholarship shall be granted primarily to a person studying in a degree program at a college, university or seminary approved by the Scholarship Committee. Other criteria listed in IX.
- III. Applicant must present to the Scholarship Committee a current transcript of scholastic standing in the school where the applicant has been studying, a diploma, and/or a copy of the letter of acceptance in the college or seminary where the applicant will be studying. A transcript from a previous school or previous year in a school is required; a résumé, a listing of awards and a listing of church activities is also required.
- IV. Letters of reference will be required from the applicant's pastor, a lay person who is a leader in their church and a teacher or professor of the school they currently attend.
- V. Applications for the Rev. Dr. William M. James Scholarship are received through the office of the United Methodist City Society, 475 Riverside Drive, Room 1922, New York, NY 10115. Attn: Rev. Dr. William S. Shillady. Email of the files for the application will be acceptable at <u>bshillady@umcitysociety.org</u>
- VI. The scholarship granted shall be paid to the educational institution involved. For the check to be issued to the business office of the school, it shall be the responsibility of the recipient to send the following to the Scholarship Committee at the United Methodist City Society office:
  - 1. The applicant's proof that he/she is fully registered in the college or seminary. (official registration form)
  - 2. The applicant's course list.
  - 3. The business office bill for tuition.

Upon verification UMCS will issue the scholarship check made payable to the institution. It will be sent to the recipient to give to the institution's business office. Grants will vary depending upon full time and part time programs.

VII. If a student leaves the school after being granted a scholarship, the school shall return any remaining balance to the Rev. Dr. William M. James Scholarship Fund.

- VIII. Financial need will be taken into consideration. Please complete the financial information part of the application and provide a copy of your Federal 1040 form, or your parents' 1040 form (The first two summary pages.) Additional forms and information may be requested. Also provide a copy of the Application for Federal Student Aid (FAFSA) form if applicable.
- IX. Scholarship monies will be used in the following priority areas:
  - a. Undergraduate degree program
  - b. Graduate first-degree program
- X. The funds will NOT be available for those who are doing additional graduate work, continuing education or a Doctoral degree program.
- XI. The deadline for scholarship application is May 8th, 2015 at 12 Noon if hand delivered or sent by email. The application must be at the United Methodist City Society offices via USPS, UPS, or FED EX (Postmarked May 7th, 2015)

All questions should be addressed to Rev. Dr. William S. Shillady, Executive Director of the United Methodist City Society.

Contact:

The Rev. Dr. William M. James Scholarship Committee c/o Rev. Dr. William S. Shillady Phone: 212-870-3094 Email: <u>bshillady@umcitysociety.org</u> Fax: 212-870-3091

## THE SCHOLARSHIP COMMITTEE

Rev. Dr. John E. Carrington Rev. William R. Freeman Mrs. Jade Sharp-James Mr. Ryan L. James Rev. Dr. William S. Shillady Rev. Dr. Anthony J. Shipley

## REV. DR. WILLIAM M. JAMES FAMILY SCHOLARSHIP APPLICATION

Send scholarship application and inquiries to Rev. Dr. William S. Shillady The United Methodist City Society 475 Riverside Drive – Suite 1922 New York, NY 10115

## Applicant please note Deadline for submitting this application and all required documents is MAY 8, 2015 ALL DATA MUST BE LEGIBLE - PLEASE PRINT

The Rev. Dr. William M. James Family Fund Scholarship was established in 2013 following Rev. James' passing to encourage young people who aspire to become agents for the transformation of the world. The applicant must attend an accredited institution of higher education, have leadership potential, financial need and be recommended by a local pastor of a United Methodist Church.

NAME:

ADDRESS:

**TELEPHONE:** 

EMAIL:

DATE OF BIRTH:

PLACE OF BIRTH:

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

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 NAME:** 

DISTRICT SUPERINTENDENT:

Rev. Dr. William M. James Family Fund Scholarship Application

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#### WHICH INSTITUTION WILL YOU ATTEND IN THE FALL OF 2014?

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

#### WILL YOU BE FULL TIME OR PART TIME?

#### HOW MANY COURSES WILL YOU TAKE?

**CREDITS TO BE EARNED:** 

## **AWARD PROCESS**

The applicants must be between the ages of 16-25, maintained at least a C average in High School and a 2.75 GPA or better while in College or seminary to receive a scholarship.

FUNDS WILL NOT BE AVAILABLE TO THE STUDENT <u>UNTIL CLASSES HAVE STARTED</u> AND THE SCHOLARSHIP COMMITTEE HAS RECEIVED THE VERIFICATION OF ENROLLMENT FROM THE SCHOOL'S REGISTRAR. THE CHECK WILL BE MADE PAYABLE TO THE SCHOOL.

THE AMOUNT OF THE AWARD IS DETERMINED BY FUNDS AVAILABLE AND THE DECISION OF THE REVIEW COMMITTEE BASED ON ITS REVIEW OF THE APPLICATION AND ALL THE REQUIRED DOCUMENTS.

A RECIPIENT OF THE SCHOLARSHIP WILL RECEIVE A **ONE-TIME GRANT AND WILL NOT BE ELIGIBLE TO RECEIVE ANOTHER GRANT** FROM THE REV. WILLIAM M. JAMES FAMILY FUND SCHOLARSHIP.

# PLEASE ATTACH THE FOLLOWING:

- 1. We require letters of recommendation from:
  - Pastor
  - Local Church Leader
  - Teacher or Professor
  - A) Please list: The names of your recommenders', their E-Mail address or if no E-Mail Address, their mailing address.
    - 1. Pastor: Name:

Email:

2. A lay leader of your church: Name:

Email:

Rev. Dr. William M. James Family Fund Scholarship Application

3. Teacher or Professor: Name:

Email:

### **<u>REFERENCES</u>**:

LETTERS OF REFERENCE SHOULD BE SENT DIRECTLY TO THE UNITED METHODIST CITY SOCIETY. ATTENTION: THE REV. WILLIAM M. SHILLADY. E-MAIL: <u>bshillady@umcitysociety.org</u>

(PLEASE NOTE THAT **YOUR APPLICATION** MUST BE SUBMITTED SEPARATELY BY THE DEADLINE.)

YOU MUST REQUEST YOUR PASTOR, LOCAL CHURCH LEADER AND TEACHER OR PROFESSOR TO SEND A LETTER OF REFERENCE SEPARATELY AND INDEPENDENTLY.

YOUR APPLICATION **WILL NOT BE DENIED** IF WE HAVE NOT RECEIVED THE REFERENCE LETTER BY THE DEADLINE.

THESE LETTERS OF RECOMMENDATION ARE TO BE SENT DIRECTLY TO REV. DR. WILLIAM SHILLADY AT THE UNITED METHODIST CITY SOCIETY. PLEASE ENCOURAGE YOUR RECOMMENDERS TO MEET THE MAY 8TH, 2015 DEADLINE.

- **2.** Please provide a certified official copy of your academic transcript from your current school.
- 3. One page essay. Please express your interest in your aspirations to become an agent for the transformation of this world.
- 4. Please complete the financial information and send the required 1040 forms and the Federal Financial Aid Form.
- 5. Please provide a résumé, a listing of any awards received, and a listing of your church activities.
- 6. If any requested information is missing, the application will <u>not</u> be considered by the Scholarship review committee.

SIGNATURE OF APPLICANT:

DATE:

Rev. Dr. William M. James Family Fund Scholarship Application

## FINANCIAL STATEMENT

I.	HAVE YOU EVER RECEIVED A SCHOLARSHIP FROM T	HIS FUND? YES NO			
II.	<b>DO YOU CURRENTLY HAVE ANY OUTSTANDING LOAN</b> (IF THE ANSWER IS YES, PLEASE LIST LOANS/DEBTS ON A SEPARA APPLICATION)				
III.	WHAT ARE YOUR ESTIMATED EXPENSES FOR THE CU	RRENT SCHOOL YEAR?			
	Tuition and fees:	\$			
	How many credits does this represent?	credits			
	Books:	\$			
	Housing:	\$			
	Food:	\$			
	Other Living Expenses:	\$			
	Other Expenses:	\$			
	TOTAL	\$			
IV.	IV. WHAT ARE YOUR SOURCES OF INCOME FOR THE CURRENT SCHOOL YEAR?				
	Salary:	\$			
	Scholarships / Grants:	\$			
	Savings:	\$			
	Loans:	\$			
	Gifts:	\$			
	TOTAL	\$			

# PLEASE PROVIDE A COPY OF THE TWO PAGES OF YOUR (or your Parents if YOU STILL LIVE AT HOME) FEDERAL 1040 FORM FROM ----- AS VERIFICATION OF THE **ABOVE INCOME.** SEND A COPY OF FAFSA, FEDERAL STUDENT FINANCIAL AID FORM IF APPLICABLE

Rev. Dr. William M. James Family Fund Scholarship Application  $_4$ 

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR EMPLOYMENT:		
	Employer:	
	Nature of Business:	
	Position:	
	Salary: \$	
	Other Income: \$	
	PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR HOUSEHOLD COMPOSI	
	1. ARE YOU MARRIED?	
	2. IS YOUR SPOUSE EMPLOYED?	
	3. HOW MANY CHILDREN RESIDE IN YOUR HOUSEHOLD? PLEASE USE THE SPACE BELOW TO PROVIDE ANY ADDITIONAL INFORMATION TH FEEL WILL HELP THE COMMITTEE IN UNDERSTANDING YOUR CURRENT FIN SITUATION. IF YOU ARE BELOW AGE 21, PLEASE PROVIDE THE INFORMATION REQUESTED BELO	
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HER OR GUARDIAN:	
Name:	 
Address:	 
Employer:	
Type of Business:	
Position/Salary:	
Total number of dependents:	

## **DEADLINE:**

## THE APPLICATION MUST BE IN THE OFFICES OF THE UNITED METHODIST CITY SOCIETY BY MAY 8TH, 2015 IF USING UPS, USPS, OR FED EX, IT MUST BE SENT ON MAY 7TH. IF EMAILING OR FAXING, PLEASE SUBMIT BY NOON ON MAY 8TH, 2015 FAX: 212-870-3091 E-MAIL THE COMPLETED APPLICATON TO: bshillady@umcitysociety.org.

REV. DR. WILLIAM S. SHILLADY 475 RIVERSIDE DRIVE ROOM 1922 NEW YORK, NY 10115

Rev. Dr. William M. James Family Fund Scholarship Application