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**JULIE THOMAS SCHOLARSHIP**

**INFORMATION AND**

**APPLICATION PACKET**

February 22, 2022

Dear,

St. Andrew's United Methodist Church would like to assist you with your college plans through the Julie Thomas Memorial Scholarship, given in memory of Julie Thomas, a dedicated member of the St. Andrew's youth group and a college student before her untimely death from leukemia. High school seniors at St. Andrew's who qualify are eligible to apply for this scholarship. If you are interested, you may pick up an application packet from Kevin Ward or from the church office.

The packet contains a statement of policies applicable to the scholarship, an application form, and two reference forms. One of the recommenders must be a person who is not a St. Andrew's member. Each recommender should know you well. You must provide a self-addressed and stamped envelope for these references. The recommendations should be mailed directly to St. Andrew's in care of the Julie Thomas Scholarship Committee, 1901 Archdale Drive, Charlotte, NC 28210. Both the application form and the two recommendations must be returned by May 1<sup>st</sup>.

Scholarship awards will be made on the basis of service and leadership shown at St. Andrew's, outstanding academic achievement (weighted GPA of 3.5 or higher)\*, and financial need. You will be notified of the committee's decision by May 15<sup>th</sup> and the selection will be announced to the congregation on Graduation Sunday in June.

If you have any questions, please contact committee chairperson Dave Johnson.

Yours in Christ,

Dave Johnson, Chairperson, the Julie Thomas Scholarship Committee

Phone: 704-651-8256

\* Please include an official transcript from your school

## GUIDELINES FOR THE JULIE THOMAS SCHOLARSHIP

**PURPOSE** - The Julie Thomas Scholarship is given annually by the members of St. Andrew's United Methodist Church in memory of Julie Thomas, a dedicated scholar and the daughter of Pat and Ronald Thomas. The scholarship provides financial assistance to a high school student (students) who has (have) been accepted to a college/university program leading to a degree in his/her (their) chosen field.

**ELIGIBILITY** - A student is eligible to apply for this scholarship if he/she:

- \* is a member of St. Andrew's United Methodist Church and/or an active member of the St. Andrew's youth ministry
- \* exemplifies outstanding academic achievement
- \* has been accepted at an accredited college or university as of May 15<sup>th</sup>; should a recipient not enroll, the award must be returned to the Julie Thomas Scholarship Fund. (Note: a student may only receive this award once)
- \* has financial need

**AMOUNT OF SCHOLARSHIP** - The amount of this scholarship and the number of scholarships is determined annually based on the availability of funds.

**APPLICATION** - Applications must be made through the Julie Thomas Scholarship Committee. Current application forms and materials are available in the church office or in the box outside Kevin Ward's office. All questions should be directed to the committee chairperson whose name can be obtained from the church office.

Required Forms: (All information submitted will remain confidential.)

- \* a completed student application form
- \* an official transcript from the student's high school (must have a weighted GPA of 3.5 or higher)
- \* a financial need statement if applicable
- \* two letters of recommendation, one from a St. Andrew's member and one from someone who is not a church member. Each recommender should know the applicant well in regard to his/her church and/or school and community activities. Their recommendations must be sent directly to the scholarship committee at St. Andrew's.
- \* the student must give each recommender the necessary form and a stamped envelope addressed to the Julie Thomas Scholarship Committee, St. Andrew's United Methodist Church, 1901 Archdale Drive, Charlotte, NC 28210. The application form and both recommendations must be received in the church office by May 1<sup>st</sup>.

### PROCESSING THE APPLICATION

- \* the application will be reviewed by the Julie Thomas Scholarship Committee
- \* decisions will be based solely on the credentials of the applicants

### PRESENTATION OF THE SCHOLARSHIP

- \* All applicants will be notified of the committee's decision by May 15<sup>th</sup>.
- \* The presentation of the award(s) will be announced during the church services on Graduation Sunday.

**JULIE THOMAS SCHOLARSHIP APPLICATION FORM**

**St. Andrew's United Methodist Church**

**Application Deadline: May 1<sup>st</sup>**

Before completing this application form, please read all of the policies and guidelines governing this scholarship. Incomplete forms will delay the processing of your application.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Present School \_\_\_\_\_

Place a letter matching your participation in these church activities:

A – ALWAYS (75%+) B – OFTEN (50-74%) C – OCCASIONALLY (LESS THAN 50%)

Worship Services: 9:00 AM \_\_\_\_\_; 11:15 AM \_\_\_\_\_; Sunday School \_\_\_\_\_;

Youth Activities: SAYM \_\_\_\_\_; Retreats \_\_\_\_\_

Please check which of the following activities you participate in:

Music/Arts-Dance \_\_\_\_\_; Handbells \_\_\_\_\_; Musical Drama \_\_\_\_\_; Worship Drama \_\_\_\_\_;

VBS \_\_\_\_\_; Nursery \_\_\_\_\_; Easter Egg Hunt \_\_\_\_\_; Missions (# of years) \_\_\_\_\_

Other (Specify) \_\_\_\_\_

The following are demonstrations of my success as a student:

Cumulative GPA \_\_\_\_\_; Class Rank \_\_\_\_\_; Other \_\_\_\_\_

Academic Awards \_\_\_\_\_

Please list which validating documents are attached \_\_\_\_\_

(OVER)



JULIE THOMAS SCHOLARSHIP  
ST. ANDREW'S UNITED METHODIST CHURCH  
1901 ARCHDALE DRIVE  
CHARLOTTE, NC 28210

This recommendation form must be received by May 1<sup>st</sup> .

RECOMMENDATION FOR:

APPLICANT'S NAME \_\_\_\_\_

The candidate listed above has applied for the Julie Thomas Scholarship given by the members of St. Andrew's United Methodist church in memory of Julie Thomas, a dedicated student and member of the St. Andrew's youth ministry prior to her untimely death from leukemia. To assist the scholarship committee in properly evaluating this applicant, we would appreciate your help by supplying us with the information requested below. The committee is interested in personal qualities as well as academic achievement. This information will be used only for selection purposes and all responses will be held in the strictest confidence by the committee. The church office must receive this form no later than May 1<sup>st</sup> in the self-addressed envelope provided by the applicant and mailed to the church at the above address.

Please check the appropriate response:

I am a member of St. Andrew's UMC.  I am not a member of St. Andrew's UMC.

In what context(s) have you known this applicant and for how long ? \_\_\_\_\_

What are the first words that come to mind in describing this person ? \_\_\_\_\_

In your opinion, what are his/her personal strengths and weaknesses ? \_\_\_\_\_

Do you know of any limitations or special problems about which we should be advised ? You should consider the candidate's ability to adjust both emotionally and academically to college life. Please explain. (Please feel free to attach an additional sheet.) \_\_\_\_\_

(OVER)

**RATINGS**

Compared to other students whom you have known/evaluated, check how you would rate the applicant in terms of the following:

	No Basis	Below Average	Average	Good	Excellent
Independence/Initiative	_____	_____	_____	_____	_____
Intellectual Ability	_____	_____	_____	_____	_____
Emotional Maturity	_____	_____	_____	_____	_____
Disciplined Work Habits	_____	_____	_____	_____	_____
Potential for Growth	_____	_____	_____	_____	_____
Motivation	_____	_____	_____	_____	_____

Please use this space for any additional information which might give us added insight into the candidate and/or further distinguish the candidate.

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\_\_\_\_\_ Please check if you prefer that we call for more information.

Date \_\_\_\_\_ Recommender's Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Date Received by Committee \_\_\_\_\_

JULIE THOMAS SCHOLARSHIP  
ST. ANDREW'S UNITED METHODIST CHURCH  
1901 ARCHDALE DRIVE  
CHARLOTTE, NC 28210

This recommendation form must be received by May 1<sup>st</sup> .

RECOMMENDATION FOR:

APPLICANT'S NAME \_\_\_\_\_

The candidate listed above has applied for the Julie Thomas Scholarship given by the members of St. Andrew's United Methodist church in memory of Julie Thomas, a dedicated student and member of the St. Andrew's youth ministry prior to her untimely death from leukemia. To assist the scholarship committee in properly evaluating this applicant, we would appreciate your help by supplying us with the information requested below. The committee is interested in personal qualities as well as academic achievement. This information will be used only for selection purposes and all responses will be held in the strictest confidence by the committee. The church office must receive this form no later than May 1<sup>st</sup> in the self-addressed envelope provided by the applicant and mailed to the church at the above address.

Please check the appropriate response:

\_\_\_\_\_ I am a member of St. Andrew's UMC. \_\_\_\_\_ I am not a member of St. Andrew's UMC.

\_\_\_\_\_ In what context(s) have you known this applicant and for how long ?

\_\_\_\_\_ What are the first words that come to mind in describing this person ?

\_\_\_\_\_ In your opinion, what are his/her personal strengths and weaknesses ?

Do you know of any limitations or special problems about which we should be advised ? You should consider the candidate's ability to adjust both emotionally and academically to college life. Please explain. (Please feel free to attach an additional sheet.)

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(OVER)



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Intellectual Ability	_____	_____	_____	_____	_____
Emotional Maturity	_____	_____	_____	_____	_____
Disciplined Work Habits	_____	_____	_____	_____	_____
Potential for Growth	_____	_____	_____	_____	_____
Motivation	_____	_____	_____	_____	_____

Please use this space for any additional information which might give us added insight into the candidate and/or further distinguish the candidate.

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Please check if you prefer that we call for more information.

Date \_\_\_\_\_

Recommender's Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Date Received by Committee \_\_\_\_\_