

# FIRST TIME – APPLICATION CHECKLIST

The Story Family Scholarship

Deadline: March 31, 2025

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY-TOWN \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

## CHECKLIST

\_\_\_\_\_ Cover Sheet

\_\_\_\_\_ Complete application including written statement (5 pages)

\_\_\_\_\_ Official Transcript indicating at least a “C” average

\_\_\_\_\_ Current GPA \_\_\_\_\_ Class High School Ranking \_\_\_\_\_

\_\_\_\_\_ Two (2) letters of recommendation. **Cannot be a family member**

\_\_\_\_\_ Pastor (**or church leader if member of Gibsonville United Methodist Church.**)

\_\_\_\_\_ Teacher or Guidance Counselor – Faculty Advisor

\_\_\_\_\_ Financial Information: Copies of most current filed tax returns of parent(s)/guardian(s) and the applicant.

\_\_\_\_\_ Signature of parent(s)/ guardian(s)

\_\_\_\_\_ Applicant’s signatures

**DO NOT WRITE BELOW THIS LINE**

**COMMITTEE USE ONLY**

**APPLICATION COMPLETE**

**/SIGNED**

**TRANSCRIPT INCLUDED**

**RECOMMENDATION LETTERS**

**FINANCIAL STATEMENT COMPLETED AND SIGNED BY PARENT(S)/GUARDIAN(S)**

**First Time Applicants**  
**The Story Family Scholarship**  
**Of**  
**Gibsonville United Methodist Church**

501 Church Street  
Post Office Box 82  
**Gibsonville, North Carolina 27249-0082**

**THE PURPOSE** of the Story Family Scholarship Fund is to assist financially needy students who demonstrate good citizenship and a desire to continue their education beyond the high school level.

**THE VALUE** of the scholarship(s) shall be determined annually by the Scholarship Committee of Gibsonville United Methodist Church. Scholarships are awarded for a period of one academic year. Recipients may re-apply annually for three (3) renewals.

**GUIDELINES FOR APPLICANTS:** The following must be submitted **no later than March 31st** in order for the applicant to be considered for the scholarship.

1. **Completed application** including a written statement explaining why the applicant is interested in pursuing his/her stated goal and how this scholarship will assist him/her in reaching that goal.
2. High School and/or College/University **transcript indicating at least a “C” average.**
3. **Letters of recommendation** from the applicant’s pastor (members of Gibsonville United Methodist Church may substitute a letter from a church leader; such as, a Sunday School Teacher, U.M.Y.F. Counselor, Administrative Council member, Scout Leader etc.); a teacher, guidance counselor, or faculty advisor. No letters accepted from family members.
4. A completed/signed **financial statement** from the parent(s) or guardian(s).
5. **Copies of most current filed tax returns of parent(s)/guardian(s) and the applicant.**

**SCHOLARSHIP PROCEDURES:**

1. **All requested materials must be received by the Scholarship Committee no later than March 31.**
2. **The Scholarship Committee will select finalists from among all applicants. The finalists may be interviewed by the Committee during the month of April.**
3. The Committee will meet and determine the **recipient(s)**. The scholarship **recipient(s)** and all applicants **shall be notified by formal letter of the Committee’s decision no later than May 6.**
4. The scholarship(s) **will be awarded** during the Worship Service at Gibsonville United Methodist Church on **the Sunday following Mother’s Day, May 18. Recipients should plan to be in attendance.**
5. All scholarship funds will be distributed by semester and shall be sent directly to the institution of the recipient’s choice.
6. **Funds received through the Story Family Scholarship Fund may be used to assist with the costs of room, board, books, tuition and fees only.**

# First Time Application – The Story Family Scholarship Fund

## Deadline – March 31

Please type or print clearly. Answer all questions. Application must be signed. All requested materials, including two letters of recommendation and high school transcript must be received before the application can be considered. This application is for one academic year. You may re-apply annually for a maximum of three (3) renewals. Renewal funds may vary based on the amount available from the Foundation each year.

FULL NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PARENT(S)/GUARDIAN(S) NAMES \_\_\_\_\_

Parent's Occupation(s) FATHER \_\_\_\_\_

MOTHER \_\_\_\_\_

GUARDIAN (IF APPLICABLE) \_\_\_\_\_

Number of brothers and sisters \_\_\_\_\_ List Ages \_\_\_\_\_

Do you have brothers and sisters currently attending an institution of higher education? If yes, please list sibling(s)/school(s) attending \_\_\_\_\_

Name and address of your high school. Name of Guidance Counselor \_\_\_\_\_

Name of institution you plan to attend: \_\_\_\_\_

Address: \_\_\_\_\_

Have you been accepted for admission by this institution? \_\_\_\_\_

If not, expected notification date \_\_\_\_\_

Classification this fall: Fresh. \_\_\_\_\_ Soph. \_\_\_\_\_ Jr. \_\_\_\_\_ Sr. \_\_\_\_\_ Other \_\_\_\_\_ (Please explain)

Will you be enrolled for the academic year full time? \_\_\_\_\_

When do you expect to graduate? \_\_\_\_\_

What is your ACADEMIC MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_

I hereby certify that all information included in this application is true to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NAME** \_\_\_\_\_

**FINANCIAL STATEMENT**

**ESTIMATE EXPENSES**

TUITION \_\_\_\_\_

FEES \_\_\_\_\_

BOOKS \_\_\_\_\_

HOUSING \_\_\_\_\_

TOTAL \_\_\_\_\_

**FINANCIAL RESOURCES AVAILABLE FOR YOU TO PURSUE YOUR EDUCATION**

Student's Funds In Hand \_\_\_\_\_

Student's Expected Savings \_\_\_\_\_

Annual Support from Parents \_\_\_\_\_

GRANTS, INCLUDING NC LEGISLATIVE TUITION GRANTS \_\_\_\_\_

Scholarships \_\_\_\_\_

Work/Study \_\_\_\_\_

Other Income \_\_\_\_\_  
(Please explain) \_\_\_\_\_

TOTAL RESOURCES \_\_\_\_\_

If your expense is greater than your income, how do you plan to meet the difference? \_\_\_\_\_

What other grants and/or scholarships do you expect to receive? \_\_\_\_\_

Have you filed a Financial Aid Form (FAF) or Family Financial Statement (FFS)? \_\_\_\_\_

Have you requested financial aid from the institution you plan to attend? \_\_\_\_\_

Has any been granted? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

Did you work this past year? \_\_\_\_\_ Where? \_\_\_\_\_ Amount Earned? \_\_\_\_\_

Will you be living on campus? \_\_\_\_\_ With Parents? \_\_\_\_\_ OTHER \_\_\_\_\_

Do you have outstanding educational loans? \_\_\_\_\_ AMOUNT \_\_\_\_\_

SIGNATURE OF PARENT(S)/GUARDIAN(S) \_\_\_\_\_

DATE \_\_\_\_\_

**Must be signed for application to be considered**

**NAME** \_\_\_\_\_

## **LETTERS OF RECOMMENDATIONS**

The Committee will accept two (2) letters of recommendation from the following persons. I understand that this application will not be considered until both letters have been received by the Committee.

**Pastor** (or church leader if member of Gibsonville UMC)

Name: \_\_\_\_\_

Church: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_

**Teacher or Guidance Counselor – Faculty Advisor**

Name: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_

All letters of recommendation and completed application should be **hand-delivered NO LATER THAN MARCH 31** to:

The Story Family Scholarship Committee CHAIRPERSON:

**Anita Johnson**  
**6155 Kimesville Road**  
**Liberty, NC 27298**  
**Anitaljohnson12@gmail.com**  
**PH: 336-601-3064**

No applications received after this deadline will be considered.

I hereby affirm that all information provided in this application is true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**NAME** \_\_\_\_\_

## **Citizenship Profile**

- I. Please list below your involvement in high school, college activities and community activities. Include clubs, athletics, offices held, awards received, honors, etc.

Name of Activity	Description of Participation	Year(s)

- II. Please list below your involvement in church activities such as youth group, choir, teacher, Bible school, church camp, offices held, etc.

Name of Activity	Description of Involvement	Year(s)

**NAME** \_\_\_\_\_

**What is your career goal?** \_\_\_\_\_

Write a personal statement in support of your application stating why you are interested in pursuing your stated career goal and how this scholarship will assist you in reaching your goal. (Please limit your statement to the space provided below.)