

## J.W. HENDRIX SCHOLARSHIP APPLICATION INSTRUCTIONS AND APPLICATION FORM

### **SCHOLARSHIP ELIGIBILITY**

The Mt. Hebron Scholarship is a one-time award available to fulltime students who have been \*professing members of Mt. Hebron United Methodist Church for a minimum of two years immediately prior to May 1st of the year of the award. To be eligible to receive this award, applicants must be enrolled or admitted for enrollment as a \*\*fulltime student in a post-high school educational institution accredited by one of the nationally recognized accreditation agencies listed in Appendix A of the Scholarship program official rules or licensed by the appropriate state licensing authority commensurate to the South Carolina Department of Labor, Licensing and Regulation.

\*The professing membership of Mt. Hebron UMC includes all baptized people who have come into membership by profession of faith through appropriate services of the baptismal covenant in the ritual or by transfer from other churches. Refer to book of Church Discipline for further clarification.

\*\*Minimum of 12 undergraduate credits per semester or 9 graduate credits per semester.

### **APPLICATIONS**

All applications shall be submitted to the Church Office in person or by U.S. Mail beginning January 1 of each year and must be postmarked no later than March 31. Mail applications to:

Mt. Hebron Scholarship Committee  
C/O Mt. Hebron United Methodist Church  
P.O. Box 5737  
West Columbia, SC 29171

Applications shall be postmarked no later than March 31. Applications postmarked after March 31 shall be denied. Scholarship applications must be in the form of the official application approved by the Committee. Incomplete applications will not be considered and will be returned to the applicant. A returned application may be completed and resubmitted to the Committee and will be considered if received by the Committee prior to the application deadline.

Application deadlines, evaluation, and payment of scholarship awards:

- The Committee will receive applications by U.S. mail postmarked no later than March 31.
- Evaluation of the applications will be completed before the last Sunday in April.
- Applicants shall be notified of the awards prior to graduate recognition Sunday.
- Scholarship recipients shall be publicly announced on graduate recognition Sunday
- Payment of the scholarship awards shall made directly to the institution, and will be contingent upon the Committee receiving written (or otherwise verifiable) confirmation of acceptance by the institution and the applicant's enrollment at the institution.

If the award exceeds \$2,000, the award will be paid in two installments:

- One half at the beginning of the first semester of attendance following the award
- One half at the beginning of the second semester, assuming the Committee has received the first semester grade report as evidence of acceptable academic standing and the second semester student schedule as verification of continued enrollment.
- Scholarship awards per semester shall not exceed the actual cost of education expenses charged to the applicant for the semester by the institution through the institution's financial office. Any scholarship award amount not payable because of this limitation shall be refunded to the Scholarship Fund.

## J. W. Hendrix Scholarship Application

Applicant Name:

\_\_\_\_\_

First	Middle	Last
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\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street Address/PO box Phone Number

\_\_\_\_\_

City	State	Zip Code
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Applicant Email Address: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Parent(s) Email Address: \_\_\_\_\_

Address and Phone Number (if different from applicant):

\_\_\_\_\_

Date when Applicant became a Professing Member of Mt. Hebron UMC: \_\_\_\_\_

(Applicant must be a professing member of Mt. Hebron United Methodist Church for two (2) or more years.)

Name of School currently attending (if applicable): \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

If already accepted for future enrollment provide name and city/state of institution:

\_\_\_\_\_

School accreditation or licensing organization: \_\_\_\_\_

Anticipated date of attendance: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_