

GWILYM T. WILLIAMS SCHOLARSHIP APPLICATION

PLEASE PRINT LEGIBLY OR TYPE

Please Check One

- #1: I have never received a G.T. Williams grant
 #2: I am a former G.T. Williams grant recipient submitting a request for a new grant

Personal Information

Your full name _____

Your home address _____

Phone No. _____

Your Cell No. _____

Your school address _____

Phone No. _____

Your e-mail address _____

Current Local Church Membership

Full name of congregation _____ Phone No. _____

Address _____

Date received into membership _____

Signature of pastor (necessary for category #1 applicants only) _____

School Enrollment

Full name of school you are (or will be) attending _____

- Full time Undergraduate
 Part time Post-graduate

Degree you are working towards _____

By seeking an undergraduate/graduate degree at this institution of higher learning it is my intent to become

- an ordained minister
 a certified teacher or educator
 a medical doctor

I am requesting a grant for the _____ term, which runs from _____ to _____

Total hours required for this degree _____ Hours completed by the beginning of the *next* term _____

◆ **PLEASE SUBMIT A SIGNED STATEMENT FROM A PROFESSOR OR ADMINISTRATOR ON SCHOOL LETTERHEAD INDICATING THAT YOU ARE ENROLLED IN A PROGRAM OF STUDY THAT IS APPROPRIATE FOR ONE PLANNING TO BECOME AN ORDAINED MINISTER, A CERTIFIED TEACHER OR EDUCATOR, OR A DOCTOR OF MEDICINE.**

School Financial Information

(A) Tuition (only) charges¹ for term: \$ _____ + Housing (only) charges² for term: \$ _____ = \$ _____

(B) Total grants & scholarships for term: \$ _____ + Total est. work-study income for term: \$ _____ = \$ _____

(C) ~~SUBTRACT FINANCIAL SUPPORT (B) FROM TUITION/HOUSING EXPENSES (A) FOR THIS TERM ONLY~~ → \$ _____

¹ Please submit a copy of your original tuition/housing/grant assistance/work-study statement for this term (which is the only term for which you can request a scholarship at this time). Grant assistance is calculated on the basis of this figure.

² If you are living off-campus, please submit a statement from the financial office indicating what your room (*not food*) rent would be if you lived on campus. Grant assistance is also calculated partly on the basis of this figure.

I HEREBY ATTEST THAT THE INFORMATION ON THIS APPLICATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT I WILL FORFEIT MY RIGHT TO A SCHOLARSHIP GRANT IF THE SCHOLARSHIP TEAM OF THE PENN NORTHEAST CONFERENCE (U.C.C.) DEEMS THE INFORMATION TO BE INACCURATE OR INCOMPLETE.

Signature of Applicant _____ Date _____

Please Send All Application Materials to:
Gwilym T. Williams Scholarship Fund Allocations Team
Penn Northeast Conference (U.C.C.)
431 Delaware Avenue
Palmerton, PA 18071-1908

For Office Use Only

Application received _____ (date)

Verification of major/vocation received _____ (date)

Itemized bill/statement received _____ (date)
(tuition/housing/grants/work-study)

Application accepted on _____ (date)

and
Amount awarded by GTW Team \$ _____
with
Check sent on _____ (date)

Application rejected on _____ (date)

for the
Following reason(s):

Document approved by Team Member _____ (signature)