

# 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 contact address at school \_\_\_\_\_

Your contact phone No. at school \_\_\_\_\_

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 \_\_\_\_\_

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Undergraduate |
| <input type="checkbox"/> Part time | <input type="checkbox"/> 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

- |  |  |
|--|--|
| <input type="checkbox"/> an ordained minister            | <input type="checkbox"/> a physical therapist      |
| <input type="checkbox"/> a certified teacher or educator | <input type="checkbox"/> an occupational therapist |
| <input type="checkbox"/> a medical doctor                | <input type="checkbox"/> a nurse (B.S. degree)     |

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

Total hours required for this degree \_\_\_\_\_ Hours completed by the end of the current 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. NO EXCEPTIONS.*

**School Financial Information**

(A) Tuition (only) charges<sup>1</sup> for term: \$ \_\_\_\_\_ + Housing (only) charges<sup>2</sup> for term: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

(B) Total grants & scholarships for term (excluding work-study programs): \_\_\_\_\_ = \$ \_\_\_\_\_

(C) SUBTRACT FINANCIAL SUPPORT (B) FROM TUITION/HOUSING EXPENSES (A) FOR APPLICATION TERM ONLY → \$ \_\_\_\_\_

<sup>1</sup> Please submit a copy of your original tuition/housing/grant assistance 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.  
<sup>2</sup> 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)