

CORTLAND FIRST UNITED METHODIST CHURCH

734 State Route 222, Cortland, NY 14226

(607) 756-5426 | info.cortlandumc@gmail.com

DR. PHILIP S. NASON MEMORIAL EDUCATION SCHOLARSHIP

(To be completed by the applicant)

For the year _____

In response to his vital interests in education, these scholarships are given in memory of Dr. Philip S. Nason who was a pastor of the First United Methodist Church of Cortland from 1943 – 1964.

The priority for selection of these scholarships is based on 1) active church participation and service, 2) need, 3) scholarship, 4) recommendations, and 5) extracurricular activities. The members of the First United Methodist Church of Cortland will be given first consideration.

THIS APPLICATION FORM MUST BE COMPLETELY FILLED OUT OR IT WILL NOT BE CONSIDERED FOR THIS SCHOLARSHIP. (All information will be kept confidential.)

1) Applicant's Name (First, Middle, Last) _____

2) Current Address (Street, City, State, Zip Code and County):

3) Father's Name, Occupation, and Employer: _____

4) Mother's Name, Occupation and Employer: _____

5) Home Telephone Number: _____

6) Church Affiliation: _____

7) Name of High School: _____

8) Scholarship: Grade Point Average: _____ Class Rank: _____ out of _____ students

9) Educational institution you plan to attend:

Name:

Address:

10) Field of study you plan to pursue _____

Have you been accepted for admission? Yes No Applied

11) I will be a freshman Sophomore Junior Senior during the next school year.

Estimated Costs:	Estimated Resources	
Tuition & Fees	Parent Contribution	
Board	My Contribution	
Room	Financial Aid	
Books, etc.	Loans	
Travel	Scholarships & Grants (if known)	Other
	Contributions (Grandparents, etc.) Total	
Total Estimated Costs	Estimated Resources	

The total estimated costs and the total estimated resources should be approximately equal.

12) Financial Aid, Grants and Scholarships: _____

13) Parent's Federal Adjusted Gross Income as reported on most recent tax form. If parents filed separately, INDICATE BOTH AMOUNTS. If a single parent providing sole support, list only that parent's income.

Father: _____ Mother: _____

14) Other dependent children in the family:

<i>Name</i>	<i>Age</i>	<i>Grade</i>	<i>School Attending for Current Year</i>

Indicate any information that would be helpful in evaluating the application pertaining to such financial burdens or needs.

15) Extracurricular activities over the past four years (attach a separate sheet):

- a) Active Church Participation and Service: (youth group, choir, Sunday school, etc. and list the number of years you were involved in each.)
- b) Community organizations, projects, and volunteer work: (Scouts, fund drives, etc.)
- c) Part time and/or summer work: (employer's name, position held, hours per week)
- d) High school extracurricular activities: (clubs, athletics, music, service, etc. and offices held)
- e) Honors and/or awards

16) Use a separate sheet of paper, with a statement of your career goals.

17) Use a separate sheet of paper, with a paragraph indicating the place of the church in your life.

IMPORTANT: We must have your application, a transcript from your high school guidance office, and TWO letters of recommendation no later than May 1st in order for you to be considered for this scholarship. **DO NOT TURN YOUR APPLICATION INTO YOUR GUIDANCE OFFICE. SEND DIRECTLY TO:**

Cortland First United Methodist Church
Nason Scholarship Committee
734 Route 222, Cortland, NY 13045
Phone: (607) 756-5426
Email: info.cortlandumc@gmail.com