Dear Friends in Christ,

Enclosed, please find a copy of the application form for the Dr. William M. James Family Memorial Scholarship Fund established by the generosity of his friends after his passing. Dr. James had hoped that this scholarship would be able to encourage young people who aspire to be agents for the transformation of the world.

Limited funds are available for those persons who will be attending an accredited institution of higher education, have leadership potential, and some level of financial need.

They must be recommended by their pastor, a lay person who is a leader in their local church, and a teacher or professor.

All candidates must meet the following criteria:

- Membership in a church in the New York Annual Conference
- Enrollment in a program at an accredited college or university approved by the Scholarship Committee
- Full time student for the academic year 2017 - 2018

The Scholarship Committee will NOT review applications from persons who:

- Are not members of churches in the New York Annual Conference;
- Are pursuing additional advanced degrees (*i.e. second master’s degree or doctoral degree*);
- Are not pursuing programs that will lead to a degree or certificate
- Do not submit the application by the deadline.

**The deadline for 2017-2018 academic year scholarship applications is May 12th, 2017 at 12 Noon, if hand delivered or emailed. The application must be postmarked by May 11th, 2017 if using the U.S. Postal Service, FedEx or UPS.**

Late and/or incomplete applications will not be accepted. All reference letters must come by separate cover and be mailed separately. Emails are acceptable for these references. (Your application will not be denied if we do not receive a reference letter by the deadline from your pastor, church lay leader or teacher or professor as long as we have their contact information.)

Feel free to contact me by email at bshillady@umcitysociety.org or by phone at (212) 870-3084, if you have any questions or need any further information concerning the Scholarship Fund.

In God’s love, joy and humor,

Reverend Dr. William S. Shillady
Member of the committee
UNITED METHODIST CITY SOCIETY
GUIDELINES FOR THE REV. DR. WILLIAM M. JAMES SCHOLARSHIP
FOR THE ACADEMIC YEAR 2017-2018

Requirements and Procedures

I. The applicant must be a member of a United Methodist Church in the New York Annual Conference.

II. The scholarship shall be granted primarily to a person studying in a degree program at a college, university or seminary approved by the Scholarship Committee. Other criteria listed in IX.

III. Applicant must present to the Scholarship Committee a current transcript of scholastic standing in the school where the applicant has been studying, a diploma, and/or a copy of the letter of acceptance in the college or seminary where the applicant will be studying. A transcript from a previous school or previous year in a school is required; a résumé, a listing of awards and a listing of church activities is also required.

IV. Letters of recommendation will be required from the applicant’s pastor, a lay person who is a leader in their church and a teacher or professor of the school they currently attend.

V. Applications for the Rev. Dr. William M. James Scholarship are received through the office of the United Methodist City Society, 475 Riverside Drive, Room 1922, New York, NY 10115. Attn: Rev. Dr. William S. Shillady. Email of the files for the application will be acceptable at bshillady@umcitysociety.org

VI. The scholarship granted shall be paid to the educational institution involved. For the check to be issued to the business office of the school, it shall be the responsibility of the recipient to send the following to the Scholarship Committee at the United Methodist City Society office:

VII. The applicant’s proof that he/she is fully registered in the college or seminary. (Official registration form)

VIII. The applicant’s course list.

IX. The business office bill for tuition.

a. Upon verification UMCS will issue the scholarship check made payable to the institution. It will be sent to the recipient to give to the institution’s business office. Grants will vary depending upon full time and part time programs.

X. If a student leaves the school after being granted a scholarship, the school shall return any remaining balance to the Rev. Dr. William M. James Scholarship Fund.

XI. Financial need will be taken into consideration. Please complete the financial information part of the application and provide a copy of your Federal 1040 form, or your parents’ 1040 form (The first two summary pages.) Additional forms and information may be requested. Also provide a copy of the Application for Federal Student Aid (FAFSA) form if applicable.

XII. Scholarship monies will be used in the following priority areas:

a. Undergraduate degree program
b. Graduate first-degree program

XIII. The funds will NOT be available for those who are doing additional graduate work, continuing education or a Doctoral degree program.
XIV. The deadline for scholarship application is May 12th, 2017 at 12 Noon if hand delivered or sent by email. The application must be at the United Methodist City Society offices via USPS, UPS, or FED EX (Postmarked – May 11th, 2017)

All questions should be addressed to Rev. Dr. William S. Shillady, Executive Director of the United Methodist City Society.

Contact:

The Rev. Dr. William M. James Scholarship Committee
c/o Rev. Dr. William S. Shillady
Phone: 212-870-3094
Email: bshillady@umcitysociety.org
Fax: 212-870-3091

THE SCHOLARSHIP COMMITTEE

Rev. Dr. John E. Carrington
Rev. William R. Freeman
Mrs. Jade Sharp-James
Mr. Ryan L. James
Rev. Dr. William S. Shillady
Rev. Dr. Anthony J. Shipley
The Rev. Dr. William M. James Family Fund Scholarship was established in 2013 following Rev. James' passing to encourage young people who aspire to become agents for the transformation of the world. The applicant must attend an accredited institution of higher education, have leadership potential, financial need and be recommended by a local pastor of a United Methodist Church.

NAME: ________________________________
ADDRESS: ________________________________
TELEPHONE: ______________________ EMAIL: ________________________________
DATE OF BIRTH: __________ PLACE OF BIRTH: ________________________________
HOW LONG HAVE YOU BEEN A MEMBER OF THE UNITED METHODIST CHURCH? __________
CHURCH NAME: ________________________________
PASTOR: ________________________________
HOW LONG HAVE YOU BEEN A MEMBER OF THIS CHURCH? __________
IF LESS THAN 2 YEARS, PLEASE LIST YOUR OTHER CHURCHES AND THE NUMBER OF YEARS YOU WERE A MEMBER: ________________________________
DISTRICT: ________________________________
DISTRICT SUPERINTENDENT: ________________________________
CURRENT SCHOOL: ________________________________
WHICH INSTITUTION WILL YOU ATTEND IN THE FALL OF 2017? ________________________________
WHAT IS YOUR CURRENT LEVEL OF STUDY AT THIS SCHOOL? ________________________________
FULL TIME ☐ PART TIME ☐ HOW MANY COURSES WILL YOU TAKE? ________________________________
CREDITS TO BE EARNED: ________________________________
AWARD PROCESS

THE APPLICANTS MUST BE BETWEEN THE AGES OF 16-25, MAINTAINED AT LEAST A C AVERAGE IN HIGH SCHOOL AND A 2.75 GPA OR BETTER WHILE IN COLLEGE OR SEMINARY TO RECEIVE A SCHOLARSHIP.

FUNDS WILL NOT BE AVAILABLE TO THE STUDENT UNTIL CLASSES HAVE STARTED AND THE SCHOLARSHIP COMMITTEE HAS RECEIVED THE VERIFICATION OF ENROLLMENT FROM THE SCHOOL’S REGISTRAR. THE CHECK WILL BE MADE PAYABLE TO THE SCHOOL.

THE AMOUNT OF THE AWARD IS DETERMINED BY FUNDS AVAILABLE AND THE DECISION OF THE REVIEW COMMITTEE BASED ON ITS REVIEW OF THE APPLICATION AND ALL THE REQUIRED DOCUMENTS.

A RECIPIENT OF THE SCHOLARSHIP WILL RECEIVE A ONE-TIME GRANT AND WILL NOT BE ELIGIBLE TO RECEIVE ANOTHER GRANT FROM THE REV. WILLIAM M. JAMES SCHOLARSHIP FUND.

PLEASE ATTACH THE FOLLOWING:

A) Letters of Recommendation from:
   - Pastor
   - Local Church Leader
   - Teacher or Professor

_These letters of recommendation are to be sent directly to Rev. Dr. William S. Shillady at The United Methodist City Society; e-mail: bshillady@umcitysociety.org. Please encourage your recommenders to meet the May 12th, 2017 deadline._

Please list the names of your recommenders’, their e-mail address or if no e-mail address, their mailing address.

PASTOR’S NAME: ____________________________________________
EMAIL ADDRESS: ___________________________________________
MAILING ADDRESS: _________________________________________

LOCAL CHURCH LEADER: ___________________________________
EMAIL ADDRESS: ___________________________________________
MAILING ADDRESS: _________________________________________

TEACHER OR PROFESSOR: ___________________________________
EMAIL ADDRESS: ___________________________________________
MAILING ADDRESS: _________________________________________

(PLEASE NOTE THAT YOUR APPLICATION MUST BE SUBMITTED SEPARATELY BY THE DEADLINE.)

YOU MUST REQUEST YOUR PASTOR, LOCAL CHURCH LEADER AND TEACHER OR PROFESSOR TO SEND A LETTER OF REFERENCE SEPARATELY AND INDEPENDENTLY. YOUR APPLICATION WILL NOT BE DENIED IF WE HAVE NOT RECEIVED THE REFERENCE LETTER BY THE DEADLINE.
B) Certified Official Copy of your Academic Transcript from your current school.

C) Essay - Please write an essay of your aspirations to become an agent for the transformation of this world.

D) Complete the Financial Statement and send the required 1040 forms and the Federal Financial Student Aid Form (FAFSA).

E) Résumé – List any awards received, and include your church activities.

**FINANCIAL STATEMENT**

I. HAVE YOU EVER RECEIVED A SCHOLARSHIP FROM THIS FUND? YES ☐ NO ☐

II. DO YOU CURRENTLY HAVE ANY OUTSTANDING LOANS/DEBTS? YES ☐ NO ☐

(IF THE ANSWER IS YES, PLEASE LIST LOANS/DEBTS ON A SEPARATE SHEET OF PAPER AND SUBMIT WITH THIS APPLICATION)

III. WHAT ARE YOUR ESTIMATED EXPENSES FOR THE CURRENT SCHOOL YEAR?

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and fees</td>
<td>$</td>
</tr>
<tr>
<td>How many credits does this represent?</td>
<td>$</td>
</tr>
<tr>
<td>Books</td>
<td>$</td>
</tr>
<tr>
<td>Housing</td>
<td>$</td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
</tr>
<tr>
<td>Other Living Expenses</td>
<td>$</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>$</td>
</tr>
<tr>
<td>Total</td>
<td>$</td>
</tr>
</tbody>
</table>

IV. WHAT ARE YOUR SOURCES OF INCOME FOR THE CURRENT SCHOOL YEAR?

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>$</td>
</tr>
<tr>
<td>Scholarships / Grants</td>
<td>$</td>
</tr>
<tr>
<td>Savings</td>
<td>$</td>
</tr>
<tr>
<td>Loans</td>
<td>$</td>
</tr>
<tr>
<td>Gifts</td>
<td>$</td>
</tr>
<tr>
<td>Total</td>
<td>$</td>
</tr>
</tbody>
</table>
PLEASE PROVIDE A COPY OF THE TWO PAGES OF YOUR FEDERAL 1040 FORM FROM 2016 AS VERIFICATION OF THE ABOVE INCOME. SEND A COPY OF FAFSA, IF APPLICABLE.

V. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR EMPLOYMENT (IF EMPLOYED):

Employer: ________________________________

Nature of Business: ________________________________

Position: __________________ Salary: __________________

Other Income: ☐ YES ☐ NO If yes: ________________________________

VI. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR HOUSEHOLD COMPOSITION:

1. ARE YOU MARRIED? ☐ YES ☐ NO

2. IS YOUR SPOUSE EMPLOYED? ☐ YES ☐ NO, IF YES WHAT IS THEIR SALARY? __________________

3. HOW MANY CHILDREN RESIDE IN YOUR HOUSEHOLD? __________________

VII. PLEASE USE THE SPACE BELOW TO PROVIDE ANY ADDITIONAL INFORMATION THAT YOU FEEL WILL HELP THE COMMITTEE IN UNDERSTANDING YOUR CURRENT FINANCIAL SITUATION.
VIII. IF YOU ARE BELOW AGE 21, PLEASE PROVIDE THE INFORMATION REQUESTED BELOW FOR YOUR PARENTS OR OTHER GUARDIANS (PLEASE PROVIDE A COPY OF THE TWO PAGES OF YOUR PARENTS FEDERAL 1040 FORM FROM 2016 AS VERIFICATION OF THE INCOME)

MOTHER OR GUARDIAN 1

NAME: ____________________________________________
ADDRESS: ____________________________________________
EMPLOYER: ____________________________________________
TYPE OF BUSINESS: ____________________________________________
POSITION: ___________________ SALARY: $________
TOTAL NO. OF DEPENDENTS: ____________________________________________
TOTAL NO. OF CHILDREN IN COLLEGE: ________________________

FATHER OR GUARDIAN 2

NAME: ____________________________________________
ADDRESS: ____________________________________________
EMPLOYER: ____________________________________________
TYPE OF BUSINESS: ____________________________________________
POSITION: ___________________ SALARY: $________
TOTAL NO. OF DEPENDENTS: ____________________________________________
TOTAL NO. OF CHILDREN IN COLLEGE: ________________________

If any requested information is missing, this application will NOT be considered by the Scholarship Review Committee.

SIGNATURE OF APPLICANT: ____________________________________________

DATE: ________________________

THIS APPLICATION MUST BE IN THE OFFICES OF THE UNITED METHODIST CITY SOCIETY BY NOON ON FRIDAY, MAY 12TH, 2017.

If using UPS, USPS or FEDEX, it must be postmarked by May 11th, 2017 and mailed to:

REV. DR. WILLIAM S. SHILLADY
475 RIVERSIDE DRIVE, SUITE 1922
NEW YORK, NY 10115

You may fax or email the COMPLETED APPLICATION to:

Fax: 212-870-3091
Email: bshillady@umcitysociety.org