

**The Robert R. & Betty M. Gardner Memorial Scholarship Confidential Application and Checklist**  
**Due April 15th**

Return Application and materials to Endowment Committee Chair; Highland UMC; 1901 Ridge Rd.; Raleigh, NC 27606

**To apply for the Scholarship, please provide all of the information below.**

**Applicant information**

Name: \_\_\_\_\_

Member of Highland UMC: \_\_\_\_\_ Yes \_\_\_\_\_ No

Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

email: \_\_\_\_\_

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Their Telephone Number: \_\_\_\_\_

Their email: \_\_\_\_\_

**Three reference letters**

**Each must be submitted in a sealed envelope. Make sure the person writing the reference identifies who they are, provides their address and phone number, gives their relationship to the applicant, and signs the letter)**

Reference 1: \_\_\_\_\_ Yes \_\_\_\_\_ No

Reference 2: \_\_\_\_\_ Yes \_\_\_\_\_ No

Reference 3: \_\_\_\_\_ Yes \_\_\_\_\_ No

**High school or community college from which Applicant is graduating or has graduated:**

\_\_\_\_\_

**Institution where applicant is or will be enrolled:** \_\_\_\_\_

**Applicant's major or field of study:** \_\_\_\_\_

**OFFICIAL enrollment confirmation from college or university** \_\_\_\_\_ Yes \_\_\_\_\_ No

**OFFICIAL Transcript showing overall GPA and for the latest completed term. The transcript must be an official transcript in a sealed envelope.** \_\_\_\_\_ Yes \_\_\_\_\_ No

**OFFICIAL overall GPA confirmation:** \_\_\_\_\_ GPA

**One-page Essay on educational and career objectives, honors, leadership experiences, activities and why you are applying. Include applicant's name and contact info including address, telephone number, email address, statement of field (s) of study, signature and date.**

**Provide detailed list of extracurricular activities and honors, including leadership, in your essay.**

**OFFICIAL sealed letter of certification of financial need from college or university financial aid officer:**  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Approval:

**Endowment Committee Chair:** \_\_\_\_\_

Signature

\_\_\_\_\_

Date

**If disapproved, give reason, signature and date on the reverse side of this.**