



PAXTON UNITED METHODIST CHURCH

3550 North Progress Ave, Harrisburg, PA 17110

Church (717) 545-3530 - Fax (717) 671-4680

Email: paxtonumc@verizon.net

Paxton United Methodist Church exists to grow and share God's Love.

CORA MARTIN WEEBER SCHOLARSHIP TRUST

PURPOSE

To assist worthy children, natural or adopted, of members of Paxton United Methodist Church, Harrisburg, Pennsylvania, in payment of tuition at public or private undergraduate academic institutions toward an associate's or bachelor's degree.

ELIGIBILITY

1. Applicant or applicant's parent, grandparent, or legal guardian must be members of Paxton United Methodist Church.
2. Applicant must have completed or be a candidate for graduation from senior high school.
3. Applicant must be accepted by an undergraduate academic institution, to pursue an associate or bachelor's degree.
4. Applicant may apply for a scholarship for up to five years.
5. Race, color, sex, national origin, handicap or disability shall in no way affect eligibility or preference of selection.

APPLICATION

Application forms will be prepared by the Church Office and will be available after March 1.

Applicants should secure an application from the church office or from the church website.

Complete application includes three sections: Student application, Church sponsor support, and a Release form. Release form also includes parent/guardian concurrence for applicants under the age of 18.

Applications are to be returned to the church office NO LATER than May 1.

SCHOLARSHIP AWARDS

The exact amount of award will be determined each year based on investment income available and number of applicants. The Church will inform recipients of the amount of their scholarship.

SELECTION AND DISTRIBUTION

Selections will be determined no later than May 30, based upon the information provided in the scholarship applications.

Notice of selection will be in writing to the applicants, either via mail or e-mail.

If it is determined that an applicant does not qualify for the scholarship, the decision of the scholarship selection committee may be appealed to the Church Leadership Team within ten days of notification.

Recipients of scholarships will be recognized during a worship service. All recipients and their sponsors will be asked to schedule a date they can be present at worship, to receive the blessing of the church and to share their educational plans with the congregation.

CORA MARTIN WEEBER SCHOLARSHIP APPLICATION - 2024

Please complete all questions. Information on your application will be held in confidence and shared only with those individuals directly involved with the administration of the scholarship funds.

TO BE COMPLETED BY STUDENT/APPLICANT

Name _____
Last First Middle

Home Address _____
Street City State Zip

College Address (if applicable) _____
Street City State Zip

Telephone () _____ E-mail address: _____

High School _____ Date of High School Graduation _____

YOUR PLANS

Name of Academic Institution: _____

Address of School: _____
Street City State Zip

Have you been accepted for the coming year? Yes No

I have been accepted into Associate Degree Program Bachelor's Degree Program

What is your major, course of study, or career plan? _____

What is your present class status: Freshman Sophomore Junior Senior Fifth-Year Senior

Have you previously received the Cora Martin Weeber Scholarship? Yes No

If so, please list years _____

Are you a member of a church or other faith community? Yes No

If so, where? _____

In the past year, how have you shared God's Love?

(Examples: feeding the hungry, clothing the naked, assisting the stranger, visiting those who are sick or in prison, encouraging those who do good, discouraging those who do wrong, and teaching others about Jesus.

How do you see your faith playing a role in your education and your plans for the future?

YOUR PERSONAL REFERENCE

Please list an individual other than a relative who knows you well, and who could provide a character reference.

Name

Telephone/E-mail contact information

Applicant Signature

Date

**TO BE COMPLETED BY SPONSORING MEMBER OF PAXTON
UNITED METHODIST CHURCH**

Sponsor's Name (eg., parent or grandparent): _____

Home Address: _____
Street City State Zip

Telephone: _____ E-mail: _____

Relationship to applicant: _____

Statement of Support for Applicant: _____

Sponsor's Signature: _____ Date: _____

CORA MARTIN WEEBER SCHOLARSHIP RELEASE

I, _____, hereby make application for the Cora Martin Weeber Scholarship. I understand the conditions under which the scholarship is awarded and authorize the Cora Martin Weeber Scholarship Selection Committee to make any necessary inquiries as to any material included in this application.

Should I receive a scholarship and enroll at the stated institution, but withdraw voluntarily or otherwise before utilizing my scholarship, I authorize that the funds be returned to Paxton Church if possible.

Applicant Signature

Date

Address _____

City/State/Zip _____

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Concurrence by Parent or Guardian
(For applicants under 18 years of age)

I hereby endorse the information contained in this application and agree to all of the provisions therein.

Parent Signature

Date

Address _____

City/State/Zip _____