

## Leigh/Chambers Scholarship Application

**Note:** Scholarship assistance is provided from trust funds donated by Olin C. Chambers and Gradelle Leigh for post-secondary education for qualified individuals who are former or current residents of United Methodist Children's Home programs (residential treatment, therapeutic group home, therapeutic foster care and CARES). Eligible post-secondary programs include college, graduate school, vocational/technical programs or trade schools)

Name		Date	
Address			
City	State	Zip	
Daytime Phone	E-mail address		
When were you a resident at I	Methodist Children's Home		
If current resident, expected p	rogram completion date		
High School Name		×	
City	State	GPA	
Graduation/GED Date			
sheet of paper):	t financial situation (for additiona		

Please list any special needs you have:
Please list items you are requesting to be funded:
Please list any other source(s) from which you are receiving financial assistance:

Signature of Applicant	Date	
Signature of Parent/Guardian(if applicant under 18 years of age)	Date	
For News Release Information	Only:	
Signature of Applicant	Date	
Signature of Parent/GuardianDate		
□ Please check for permission to release scholarship	o award to press (if granted)	
□ Please check for permission to release name(s) of parent or guardian with award (if granted and if under 18 years of age)		

## Criteria:

- 1. To allow for review and timely processing, applications should be submitted at least thirty (30) days prior to the start of the school term. Although applications can be submitted for consideration at any point in time, submission later than this may results in delays in funding.
- 2. Be a former or current Methodist Children's Home resident.

## Requirements:

- Unofficial school transcript with most recent semester's grades posted.
- 2. Copy of last semester or quarter's school/program grades.
- 3. Letter of acceptance (if this will be your first semester in a post-secondary school/program).
- 4. For initial applications for post-secondary education support, two letters of recommendation (one letter may be from a family member; the other must be from a professional, academic or non-family reference).
- 5. List of tuition, fees and costs that you are requesting funding assistance with.
- 6. If current Methodist Children's Home resident, date of expected program completion required.

Submit Application to:

Scholarship Review Committee

c/o L. Don Cole, CFO Methodist Family Health

P.O. Box 56050

Little Rock, AR 72215-6050 www.methodistfamily.org