

# James Leon and Myrtice Marie K. Peed Award Renewal Application Form

Application Deadline: April 15<sup>th</sup> each year

Name of School \_\_\_\_\_

Social Security Number \_\_\_\_\_

Full Name \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street City State Zip Code

Male ( ) Female ( ) Birthdate \_\_\_\_\_ Married ( ) Single ( ) Clergy Dependent? \_\_\_\_\_

E-mail address (please print): \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

Is student a US citizen or permanent resident? \_\_\_\_\_ Ethnic Group: \_\_\_\_\_

If NO, of which country are they a citizen? \_\_\_\_\_ Permanent Alien Resident No. \_\_\_\_\_

Church Name \_\_\_\_\_ Confirmation Date \_\_\_\_\_

Church Address \_\_\_\_\_

Classification during scholarship year: ( ) Freshman ( ) Sophomore ( ) Junior ( ) Senior ( ) Master Level

Hours required for full-time status at your school \_\_\_\_\_

Regarding school year for this application: No. of hours enrolled for fall semester \_\_\_\_\_

No. of hours intending to enroll for spring semester \_\_\_\_\_ Current GPA \_\_\_\_\_

Pursuing what degree? \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_ Career Goal \_\_\_\_\_

As the District Superintendent of the above named applicant, I certify that he/she:  
(check the appropriate box)

\_\_\_\_ has been certified as a candidate for ministry on \_\_\_\_\_ by the \_\_\_\_\_

District Committee on Ordained Ministry,

\_\_\_\_ has been continued as a candidate for ministry in the current church year on

\_\_\_\_\_ as a candidate by the \_\_\_\_\_ District Committee on

Ordained Ministry,

\_\_\_\_ has been Commissioned or Ordained by the South Georgia Annual Conference on \_\_\_\_\_.

Signed \_\_\_\_\_

(District Superintendent)

Do you intend to serve at least 5 years under appointment in the South Georgia Conference following ordination?

\_\_\_\_ Yes \_\_\_\_ No

If your answer is no, please explain: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT!**

You must reapply each year to receive this award. Re-application forms may be downloaded from: <http://gahied.com/MethodistRelated.html>. **Application deadline is April 15<sup>th</sup> of each year.** Applications received after that date will be considered for the following school year.

***Only one major award from a United Methodist Church Agency may be received the same academic year.***

-----  
(To be completed by Commission office)

The above-named person is approved as an applicant and nominated for the PEED SCHOLARSHIP AWARD in the amount of \$ \_\_\_\_\_  
for the academic year \_\_\_\_\_  
at \_\_\_\_\_.

Signature of Scholarship Rep \_\_\_\_\_ Date \_\_\_\_\_

Name of Scholarship Rep: Cynthia H. Autry Position: Executive Director

Mailing Address P O Box 1529 Carrollton, GA 30112

Telephone Number 770.854.7283 E-Mail Address gahied@bellsouth.net