

**James Leon and Myrtice Marie K. Peed Award
Form for First-Time Applicant**

Application Deadline: April 15th each year

NAME OF SCHOOL _____

Social Security Number _____

Full Name _____

Permanent Address _____
Street City State Zip Code

Male () Female () Birthdate _____ Married () Single ()

E-mail Address (please print) _____ Telephone # () _____

Is student a US citizen or permanent resident? _____

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

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 _____

If not enrolled full time, explain reason _____

Pursuing what degree? _____ Expected Graduation Date _____ Career Goal _____

Ethnic Group () African American () Asian () Caucasian () Hispanic
() Native American () Pacific Islander () Biracial () Other

Please indicate the ethnic community with which you most closely identify _____

Name/Address of the United Methodist Church where you are a member or that recommended you as a candidate for ministry _____
Street City State Zip Code

Date of confirmation/membership vows with The United Methodist Church: _____ / _____
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Is your church located in the South Georgia Conference? _____

What is your candidacy status or Conference Relationship? _____

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: _____

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)

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 15th of each year.*** Applications received
after that date will be considered for the following academic 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 is being 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