TOM & BETTY CLOYD SCHOLARSHIP FUND
APPLICATION FORM

The Tom and Betty Cloyd Scholarship Fund was established through Belle Meade United Methodist Church and is held at the United Methodist Foundation for the Tennessee-Western Kentucky Conference (UMFTWK) in honor of the late Reverend Dr. Thomas H. Cloyd and Mrs. Betty Shannon Cloyd by their family and friends. The Cloyds served faithfully for over forty-five years in Tennessee, in Zaire, in the Congo, and at the Navajo Mission School.

Scholarship applications must be received by our office no later than May 30th to the below address by mail or email:

UMFTWK
Attn: Sara Finger
1908 Grand Avenue, Suite 210
Nashville, TN 37212
Fax: 615-259-2082
Phone: 615-259-2008
Email: sara.finger@umftwk.org

Date Submitted:

Eligibility:
An applicant must:

- be a United Methodist of any age, for at least one year prior to application;
- be enrolled or accepted in a recognized program of study, graduate or undergraduate in a college or university; and
- have financial need

APPLICANT INFORMATION					
First Name:		Last Name:		Gender:	
Address:					
City:		State:		Zip:	
Email:				Date of Birth:	
Home phone:		Cell phone:			

BACKGROUND INFORMATION			
Highest Level of Education Completed:		When did you join the UM Church:	
In which church do you currently hold membership?			
For how long?			

PLEASE ATTACH ADDITIONAL PAGES IF NEEDED
What has The United Methodist Church meant to you?
Please list activities and involvement in the church.

Please list extracurricular activities and honors in the community.

Current or planned place of enrollment.
Address of College/University.

Have you received or applied for other scholarships?
If yes, give details:

Please indicate your financial need as specifically as possible.

PLEASE PROVIDE THREE REFERENCES, INCLUDING ADDRESSES AND PHONE NUMBERS:

1.

2.

3.

NOTE:

If you receive a scholarship, you may be asked to write some comments concerning how receiving the scholarship benefited you. These comments may be used for publication.

FOR OFFICE USE ONLY					
Date received:		Received by:		Scholarship award:	$
Reviewed by:		Approved by:		Need/Merit:	Need ☐ Merit ☐