



**Membership / Employment Verification  
For  
Lerlie and Millard Copeland Scholarship**

**Student's Name** \_\_\_\_\_

**Member or Employee Name** \_\_\_\_\_

This letter certifies that the information supplied for membership verification on the attached scholarship application has been verified and the applicant is eligible based on the membership criteria.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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This letter certifies that \_\_\_\_\_ is a full-time employee of Carroll EMC and the applicant is eligible based on the employee criteria.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

***Carroll EMC must verify that applicant is a child or legal ward of a CEMC member or employee in order for the application to be valid. This form must be completed by Carroll EMC and included with your application when submitted to UWG's Financial Aid Office.***



# Carroll EMC/Copeland Scholarship Application

*Application must be submitted to UWG Financial Aid Office by March 1<sup>st</sup>.*

PLEASE TYPE OR PRINT

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_

High School attended \_\_\_\_\_

Address \_\_\_\_\_

Parents' Name \_\_\_\_\_

Parents' Address \_\_\_\_\_

\_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

Parents' Carroll EMC Account # \_\_\_\_\_

SS # of parent's name listed on Carroll EMC Acct. \_\_\_\_\_

*(For verification of membership)*

Father's Place of Employment \_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_

Students must be enrolled full time (12 hours) to receive a scholarship. List the hours you will be enrolled each semester.

Fall Semester \_\_\_\_\_

Spring Semester \_\_\_\_\_

I have received a copy of the provisions of the Carroll EMC/Copeland Scholarship Program. I understand and will abide by the terms of the program and understand that failure to do so could result in the forfeiture of any scholarship award. I also understand that my parent or legal guardian must be a member or employee of Carroll EMC and Carroll EMC must verify this information before an award can be made. If I do not complete the semester for which any award is made, I will be required to repay the amount of the award for that semester, unless notified otherwise.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

*Please see the attached pages for scholarship criteria and required documentation*

## **Copeland Scholarship Criteria**

1. The recipient must be the child or legal ward (proof of legal guardianship may be required) of a Carroll EMC member or Carroll EMC employee.
2. The recipient must be enrolled full-time in an undergraduate program. Preference will be given to an entering freshman.
3. Primary consideration will be financial need as determined by the Free Application for Federal Student Aid (FAFSA) form. **This form must be obtained from the UWG Financial Aid Office and completed for consideration purposes.**
4. Academic performance and promise will be considered major factors in determining a recipient. **A 3.0 or higher GPA is required.**
5. The membership verification form or the employee verification form must be signed by Carole Thompson / Carroll EMC's Scholarship Coordinator.
6. The following documents must accompany the application:
  - A. Letter of evaluation from student's high school counselor
  - B. Three (3) letters of recommendation supporting student's good personal character
  - C. An autobiographical sketch with reference to future plans and goals

**Return the completed application form, required material attached, and the signed membership verification form or the employee verification form by March 1<sup>st</sup> of each year to:**

**General Scholarship Committee  
c/o Financial Aid Office  
Aycock Hall  
University of West Georgia  
Carrollton GA 30118**