

# The Howard Olds Scholarship

## Philosophy

The Brentwood United Methodist Church has a strong interest in supporting education and has established this scholarship program in honor and memory of the former Senior Pastor, Dr. Howard Olds. This program provides deserving seminary students with financial aid for higher education.

## Eligibility

Individuals eligible to apply for this award are seminary students approved by the Tennessee Conference of The United Methodist Church, or an adjacent conference, for full-time Master of Divinity or similar education in a United Methodist owned, affiliated or approved educational institution. Recipients must demonstrate active membership in a United Methodist Church for at least five years prior to the date of application and must intend to serve in the Tennessee Conference or an adjacent conference upon completion of the seminary curriculum and upon approval and appointment by the conference.

## Awards

Each year Brentwood United Methodist Church will award one \$6,000 scholarship renewable annually, subject to the responsibilities outlined below. The scholarship will be applied to tuition, fees, books, and supplies required for course load at a United Methodist owned, affiliated or approved educational institution in the United States.

## Winner Selection

A Selection Committee appointed by the Foundation Board will evaluate the applications and select the recipient. The selection of the recipient will be based on a combination of the applicant's financial need, academic records, extracurricular activities, and recommendations. In evaluating applications, the committee will place special emphasis on the depth and breadth of an applicant's involvement in church and service activities, and the leadership demonstrated in those activities, as well as the declared intent to serve following completion of the seminary curriculum.

## Responsibilities of Recipients

Recipient responsibilities include enrolling as full-time seminary students in the fall of the year in which the scholarships are awarded and continuing in school for the entire academic year without interruption, barring illness, emergency, or military service. Scholarship recipients must maintain a "B" or equivalent grade point average and continue to express an intent to serve in the Tennessee Conference of the United Methodist church (or an adjacent conference) following completion of the seminary program. Scholarship recipients are responsible for delivering their scholarship checks to the proper office at their institution.

## Payment of Funds

Checks will be mailed to each recipient's home address and will be made payable to the college or university only. Checks will be issued in August.

## Questions

Questions may be directed to Pat Ralls, [patralls@comcast.net](mailto:patralls@comcast.net)



# Howard Olds Scholarship Program

**Mail by May 1 to:**  
Howard Olds Scholarship  
BUMC Foundation  
309 Franklin Road  
Brentwood, TN 37027

**Student Information:**

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-Mail \_\_\_\_\_

Main Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Are you a member of Brentwood United Methodist Church? \_\_\_\_\_

If "Yes", indicate the date you became a member. Month \_\_\_\_\_ Year \_\_\_\_\_

If "No", indicate:

1) The date you became involved in the life of the church. Month \_\_\_\_\_ Year \_\_\_\_\_  
*or*

2) Name of Methodist church other than Brentwood United Methodist of which you are a member.

\_\_\_\_\_

United Methodist affiliated program to which you are applying? \_\_\_\_\_

College Name (Do not abbreviate) \_\_\_\_\_

College Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Current Major/Course of Study \_\_\_\_\_

Current Cumulative GPA \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Degree(s) previously earned:

Name of Institution \_\_\_\_\_ Major/Course of Study \_\_\_\_\_

Degree earned \_\_\_\_\_ Date completed \_\_\_\_\_

Name of Institution \_\_\_\_\_ Major/Course of Study \_\_\_\_\_

Degree earned \_\_\_\_\_ Date completed \_\_\_\_\_

### ACTIVITIES

List activities in which you have participated during the last three years (school clubs, student government, publications, varsity or club sports, theater arts, Scouting, 4-H, etc.). Indicate the number of years involved in each activity. Please do not use acronyms.

Activity Description	Years Involved	Highest Position Held

### COMMUNITY SERVICE

List community agencies or organizations in which you have participated WITHOUT PAY during the last three years (religious groups, hospital volunteer, cultural activities, outreach programs, etc.). Indicate the total amount of hours in the past three years. Please do not use acronyms.

Volunteer Activities	Hours

### WORK EXPERIENCE

List your work experience of the last three jobs you have held the longest (e.g. food server, babysitting, lawn mowing, office work, etc.). Indicate the number of years spent on the job and an approximate number of hours worked each week.

Employer	Position	To – From Dates	Hours (average per week)

### APPLICATION CHECK LIST

You may use the following checklist to ensure the application process is complete.

**All documents must arrive in the same package for the submission to be considered complete.**

**Incomplete applications will not be considered.**

- I have attached my application and activities form.
- I have attached my college transcript(s).
- I have attached a copy of my letter of acceptance.
- I have attached two letters of recommendation.
- I understand these documents may be scanned and agree not to staple, paper clip or otherwise attach documents together.
- I have photocopied my entire submission for my files.
- I have attached a one-page personal statement of faith.

### CERTIFICATION

I certify, to the best of my knowledge, that the information on this application is complete and accurate. Falsification of any information will cause my disqualification from the scholarship competition.

I intend to serve in the Tennessee Conference of the United Methodist church (or an adjacent conference) after completion of the seminary program to which I have been accepted.

I have been an active member in a United Methodist church for at least five years.

What percent of your fees are NOT covered in scholarship/ministerial funds? \_\_\_\_\_

I understand it is my responsibility to make sure this application is completed and mailed by the required postmark deadline listed on the application. Furthermore, I understand that if my application is not complete, or if I do not submit my application by the postmark deadline, I may be disqualified from the scholarship competition and may not be considered for a scholarship.

This application, upon receipt, becomes the property of the scholarship sponsor.

**To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, I hereby give permission for school officials to release my secondary school record and other requested information, if necessary.**

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