THOMAS K. CARTWRIGHT SCHOLARSHIP
(for young ordination candidates)

The Thomas K. Cartwright Scholarship will be granted annually by The Susquehanna Conference of The United Methodist Church. The granting agency is the Enlistment & Interpretation Committee of The Board of Ordained Ministry. The Scholarship honoring the memory of The Reverend Doctor Thomas Kevin Cartwright, who contributed heavily to establishing “The Culture of the Call,” encouraging men and women and young people to listen to the call of God to them in the former Central PA Conference.

This scholarship has been established to support young adults as they respond to the call to ordained ministry. The recipient will be announced during the awards presentations of The Susquehanna Annual Conference. Qualities of the recipient will include demonstrated leadership in the church and the community, academic excellence, and a clearly articulated sense of call to ordained ministry in The United Methodist Church.

Additionally, applicants must be certified candidates for ministry in The Susquehanna Conference of The United Methodist Church who are currently enrolled or accepted into college or seminary and under the age of 35 years as of December 31 of that same year.

Applications are available online at [www.susumc.org](http://www.susumc.org) (Board of Ordained Ministry link, Resources link) and are due by March 15. Submit applications typed (no handwritten application please) and send electronically in a pdf file directly to: Rev. Lenore Hosier (lhosier@susumc.org)

(Application on second page below)
THOMAS K. CARTWRIGHT SCHOLARSHIP APPLICATION

Name: _________________________  Email Address: ____________________________

Address: ________________________________________________________________

Phone Number: __________________ (Home) __________________ (Office or Cell)

Date of Birth: ________

Marital Status: Single ___  Married ___  Divorced ___  Widowed___

Number and age(s) of dependent(s): __________________________________________

Home Church: ________________________  Church’s Phone: ___________________

Home Church Pastor: ____________________________________

Church’s Address: ________________________________________________________

District: _________________ Year certified as candidate for Ordained Ministry: ______

School you will attend during scholarship year: _________________________________

Academic classification during scholarship year: ________________________________

Will you be enrolled full-time? _____  If not, number of hours registered: __________

When will you graduate? ____________  With what degree? ______________________

Institutions of Higher Education Attended (list present school first):
  Institution      Dates Attended Degree  Major  Grade Pt. Avg.
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

List any academic honors, awards, etc., you have received: ______________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

Describe your participation and/or leadership in projects, activities and ministries in the community and the church (local, Annual Conference, Jurisdictional and/or National):  
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
Articulate your own call to the ordained ministry:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Include 3 Personal letters of reference: The letters are to be sealed and sent directly to:
Rev. Lenore Hosier, 2101 Newberry St, Williamsport, PA 17701.

List Names, Addresses and Phone Numbers of the Three Personal References:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

_________________________________ (Signature of Student) ________________ (Date)