T.B. and Mary Neal Dixson Foundation

For Centenary members or staff who are full-time students.

In her will, Mary Kate Dixson created a scholarship foundation in memory of her parents, Thomas B. and Mary Neal Dixson. Preference is given to persons intending to study for the ministry or for some form of work in Christian Education in The United Methodist Church, but this does not exclude those fulfilling other academic pursuits. The financial need of the applicant will be considered. To receive consideration, applicants must:

- Be a member of Centenary or on church staff
- Have desire or determination to achieve academic goals
- Have been accepted by or presently enrolled as a full-time student in an accredited post-secondary degree or certificate-granting institution
- Be a person of high moral character
- Earn some part of their expenses
- Express written appreciation (for prior awards)

The Cabaniss Fund

For needy and deserving students engaged in or planning for ministry.

In 1987, Mrs. Kathleen E. Cabaniss bequeathed a portion of her estate to Centenary’s Board of Trustees to create a scholarship fund for “needy and deserving students in higher education leading to employment in the ministry.” Additional factors that may be taken into account include the extent to which a proposal provides needed education to staff or lay members of the Church to carry out ministry, assists in recruitment of outstanding clergy/staff, and furthers Mrs. Cabaniss’ interest in outreach to the Winston-Salem community. To receive consideration, applicants must:

- Be ordained clergy, persons serving in church internships and other persons, who are currently employed in the ministry or who intend to seek such employment in the future.
- Show that funds requested will further post-secondary education including undergraduate, graduate, professional and post-graduate education, and specialized professional training and continuing education. (Preference is given to graduate education.)

Applications are due by April 1 of each year. Please type or print legibly in black ink. Please return your completed application and any other materials as one complete file to:

Centenary United Methodist Church
Attention: Stacy Holley
P.O. Box 658
Winston-Salem, NC 27102
sholley@centenary-ws.org

Applications must be completed in their entirety for consideration. Scholarships may be renewed upon determination that the recipient has made and will continue to make good use of the gift. Dixson scholarship recipients must express written appreciation. However, there is no guarantee that scholarships will be renewed; application must be made annually.
T.B. and Mary Neal Dixson Foundation and Scholarship

(A letter describing accomplishments and plans must be attached.)

Cabaniss Ministerial Scholarship

(Three letters of recommendation and a statement must be attached.)

Church Affiliation ________________________

(Name and address of church of which you are a member, or serve on staff)

1. Applicant’s Name ________________________ ________________________ ________________________ Date of Birth ________________________

   First     Middle     Last

2. Home Address ____________________________________________ ________________________ ________________________ ________________________

   Street or Box #     City     State     Zip

   Phone # ________________________ Email Address ________________________ Last Four Of Social Security #

3. For undergraduate/college students: Where did/do you attend high school? ________________________

   When did/will you graduate ________________________ Graduating GPA ________________________

4. College/graduate school/course of study for which you are seeking aid: ________________________

   Have you been accepted or are you eligible to return? ________________________ Student ID# ________________________

   When do you expect to graduate? ________________________ ☐ Undergraduate ☐ Graduate

5. What is/will be your major course or focus of study? ________________________

   ________________________

6. What are your career goals? ________________________

   ________________________

7. If you have already begun your program of study, what is your current GPA? ________________________

For dependent students only:

8. Parent Information

   Parent One

   Name ________________________

   Address ________________________

   Occupation ________________________

   Employer ________________________

   Full Time ____ Part Time ____

   Parent Two

   Name ________________________

   Address ________________________

   Occupation ________________________

   Employer ________________________

   Full Time ____ Part Time ____

9. Total number of dependents your parents support ________________________

   Please give names, ages and relationship ________________________

   ________________________

   ________________________

10. How many in college or other post high school programs? ________________________
11. If you are married, name of spouse _______________________________________________________________

12. Spouse’s Occupation ________________________________________________________________

                    Employer ___________________________    Full-Time _____    Part-Time _____

13. Do you expect to finance part of your education? ____________________________________________

                  Part-time job? (Explain) ___________________________________________________________

                  Full-time job? (Explain) ____________________________________________________________

14. Did you or your family have any extraordinary expenses or debts last year? If yes, explain _________________________

15. Were you claimed last year as a dependent on a parental or guardian tax return? If so, please report the following household information from last year’s return. If you were not listed as a dependent on anyone’s tax return, please use your own tax information. Please note – you may be asked to provide a copy of page 1-2 of the return for our records.

Form 1040

Total Income (Line 22) ___________________________  Adjusted Gross Income (Line 37) ___________________________

Taxable Income (Line 43) ___________________________

~or~

Form 1040 A

Total Income (Line 15) ___________________________

Adjusted Gross Income (Line 21) ___________________________

Taxable Income (Line 27) ___________________________

~or~

Form 1040 EZ

Adjusted Gross Income (Line 4) ___________________________

Taxable Income (Line 6) ___________________________

16. Estimated Budget

Estimated Income (School Year)

Your savings $ _______________  Earnings during year $ _______________

Aid from parents $ _______________  Aid from others $ _______________

Scholarships/Grants $ _______________  Spouse’s income $ _______________

Other (explain) $ _______________  Total Income $ _______________

Estimated Expenses

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<thead>
<tr>
<th></th>
<th>Fall Expenses</th>
<th>Spring Expenses</th>
<th>Summer Expenses</th>
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<tbody>
<tr>
<td>Tuition/fees</td>
<td>$ ____________</td>
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<tr>
<td>Books</td>
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<td>Room</td>
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<td>Personal needs</td>
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<tr>
<td>Travel expense</td>
<td>$ ____________</td>
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<tr>
<td>Other (explain)</td>
<td>$ ____________</td>
<td>$ ____________</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Total For Fall</td>
<td>$ ____________</td>
<td>$ ____________</td>
<td>$ ____________</td>
</tr>
</tbody>
</table>

Total Estimated Expenses $ ____________
17. If you will need financial assistance to continue your education, please explain below.
____________________________________________________________________________________________
____________________________________________________________________________________________

18. List all scholarship contributions from prior year. (Scholarship name and amount awarded)
____________________________________________________________________________________________
____________________________________________________________________________________________

19. List other aid sources to which you have applied and the amount(s) of your request(s).
____________________________________________________________________________________________
____________________________________________________________________________________________

20. Will you notify the Centenary UMC Scholarship Committee of other scholarship grants that exceed your funding request?
☐ Yes    Initial __________

Date __________  Signed ______________________________  Print Name ______________________________

Other Materials – Cabaniss Applications
In addition to the above application, applicants for the Cabaniss Ministerial Scholarship must also include the following with their application:

- Letter of recommendation from your Pastor
- Academic Letter of Recommendation
- Character Letter of Recommendation (non-family member)
- Statement from you explaining how receipt of this scholarship will contribute to your vocation in Christian ministry

Please feel free to attach additional information which you feel may be pertinent to the committee’s consideration of your application. Please return all to Centenary in one complete package or electronic file. Please DO NOT ask your references to send materials directly to the church.

Other Materials – Dixson Applications

- On a separate sheet of paper, briefly describe any of your past activities or accomplishments which you feel might be of interest to the committee. Give particular emphasis to your current involvement in church programs and other service-oriented activities. If possible, discuss your career plans.
- IRS Form W-9 must be included with your application (available at www.irs.gov).

For Scholarship Committee use:

Date Application Received: ____________________
Review Date: ____________________  Amount Requested: ____________________
Total Amount Granted: ____________________  Fall/Winter Grant: ____________________
Spring/Summer Grant: ____________________  Check Requested: ____________________

Name __________________________

Rev. 2/7/17