

THE DOT ARNOLD SCHOLARSHIP FUND

The Dot Arnold Scholarship Fund (DAS) at Nolensville First United Methodist Church was set up to honor Dot Arnold. For many years, Granny Dot, as she is called, served as a member of the choir, as organist, pianist and choir director at our church. Granny Dot was and is involved in the music ministry for more than 40 years. The DAS is funded through direct donations, and we anticipate funding eight students each year. This says a lot about Nolensville First UMC, about the music ministry of our church, and about the longevity of the music that one woman made sure that we had to minister to its members and the community.

Students eligible for the DAS are 1) high school seniors who will be attending an accredited, four-year college and have been active in the music program at Nolensville First UMC, 2) current students at an accredited, four-year college who live locally, and are currently involved in and will continue to be involved in the music program at Nolensville First UMC through the school year, or 3) any continuing education student who will live locally, is currently involved in and will continue to be involved in the music program at Nolensville First UMC, and is involved with music at the college (but not necessarily a music major). The scholarship is \$500 per year, and may be renewable for up to four years. The scholarship is sent directly to the college. The requirements for continuing or renewing the DAS are 1) a positive interview with the DAS Committee in the summer, 2) a C grade average at college, and 3) submission of the renewal form. More information and answers to questions are available at music@nolensvilleumc.org.

updated April 2016



NOLENSVILLE FIRST UNITED METHODIST CHURCH
BUILDING CHRIST'S FAMILY TO LOVE GOD AND TO SERVE OTHERS

APPLICATION CHECKLIST

1. Order official transcript from school.
2. Arrange and have a personal interview with Dot Arnold at 615-776-2665.
3. Answer all questions on scholarship application succinctly, use front side only for pages submitted.
4. Request a music leader who knows you best to complete recommendation page and place in a sealed envelope for submission with your application. Please ask the music leader to sign the seal.
5. Return completed scholarship application, student information, recommendation, and official transcript(s) in ONE envelope by May 15 to:
Nolensville First United Methodist Church
Dot Arnold Scholarship Committee
7316 Nolensville Rd
Nolensville TN 37135

Applicants must, **WITHOUT EXCEPTION**, be full-time students as defined by their college or university.

Award checks are always sent directly to the college or university.

APPLICATION DEADLINE: MAY 15

SCHOLARSHIP APPLICATION

Applicant Name: _____

Briefly DESCRIBE your immediate and long term life objectives (50 words or less):

Describe impact your involvement in music ministry at NFUMC has had on you:

Describe your interview with Dot Arnold on _____

Signature

Date

STUDENT INFORMATION

TYPE OR PRINT ALL INFORMATION
Completeness and neatness ensure your application will be reviewed properly.

APPLICANT DATA

Last/Family Name: _____
First/Given Name: _____ Middle Initial: _____
Permanent Home Mailing Address: _____ Apt # _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ home cell
Email Address: _____
Date of Birth: (MM/DD/YYYY) _____

PARENT DATA

Parents' Names: _____
Telephone: _____ home cell
Email: _____

SECONDARY SCHOOL DATA

School Name: _____ Graduation Date (MM/YYYY) _____
City: _____ State: _____ Telephone: _____
GPA: _____

POST SECONDARY SCHOOL DATA

Name of post secondary school you are attending or plan to attend. Use official school names; do not use abbreviations.

Name: _____
Bursar's Address: _____
City: _____ State: _____ Country: _____
Telephone: _____ home cell
 4 yr. College or University 2 yr. Academic Degree Granting Institution Vocational/Technical School
 Other, explain: _____
Year in school for application period: 1st 2nd 3rd 4th
Major or course of study _____
Expected graduation date (MM/YYYY): _____
Degree sought: Bachelor Associate Certificate Other: _____
Student will: live on campus live off campus commute from home

RECOMMENDATION FOR THE DOT ARNOLD SCHOLARSHIP

NOTE: Music leaders who have worked closely with applicant should complete this recommendation. Please place your recommendation in a sealed envelope and sign the seal before returning to the applicant. Please use only the official form (front side only) to provide a recommendation. This recommendation will remain strictly confidential. Your thoroughness and care in providing the information requested are sincerely appreciated.

Application and this completed RECOMMENDATION must be in ONE envelope no later than May 15 to Nolensville UMC and the Dot Arnold Scholarship Committee.

Applicant's Name: _____

Please rate each item on scale of 1 to 5 scale with 5 being highest rank and provide an example of each quality. AN EXAMPLE **MUST** FOLLOW THE RATING FOR EACH ITEM.

_____ Demonstrates values centered leadership

_____ Participates in music ministry

_____ Demonstrates faith through music and life choices

_____ Inspires excellence in others by example

Additional comments:

Length of time you have known the applicant and what capacity (list below)

Name of Music Leader Completing Recommendation: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

APPLICATION FOR RENEWAL OF DOT ARNOLD SCHOLARSHIP

Please schedule an interview with the DAS Scholarship Committee, and then return this completed form one week prior to that interview.

Applicant Name: _____

School attending: _____ Year in school: _____

Date of interview with DAS Committee: _____

Are there any changes in your student information? If so, list:

Are there any significant changes to your short or long term goals? If so, list:

How has music influenced you and/or your faith this past year?

Signature

Date