

**DANVILLE UNITED METHODIST PRESCHOOL**  
820 WEST MILL STREET  
DANVILLE, INDIANA 46122  
317-745-7779

**JUDY SEGER MEMORIAL SCHOLARSHIP**

January 2024

In August of 1988, the **JUDY SEGER MEMORIAL SCHOLARSHIP** was established to provide financial assistance to a graduating high school senior who had attended the Danville United Methodist Preschool. Judy Seger served as a teacher at the preschool from 1977 to 1988.

Scholarship eligibility is based on character and the applicant's participation and service in school, church, and community activities. Financial need and scholastic achievement will also be considered.

The current value of this scholarship is \$700.00. In the event that there are more than ten applicants and/or the selection committee feels that two candidates are qualified, there will be two \$700.00 scholarships awarded.

It is the hope of the Danville United Methodist Preschool friends and associates that this scholarship will help a graduating senior to continue his or her formal education that began at the preschool.

Good luck to all of you!  
Judy Seger Memorial Scholarship Committee

## JUDY SEGER MEMORIAL SCHOLARSHIP RULES FOR ELIGIBILITY

- I. Applicant must have attended the Danville United Methodist Preschool.
- II. Applicant must be a 2024 graduating senior in good standing of any high school.
- III. The scholarship may be used for continuing education at any college, university or vocational school.
- IV. The amount of the scholarship will be determined by the Danville United Methodist Preschool Board of Directors.
- V. The selection committee will award two scholarships in the event that there are more than ten applicants and/or at least two candidates are felt to be deserving.
- VI. The scholarship is non-renewable.
- VII. The money will be paid directly to the recipient(s).
- VIII. Scholarship eligibility will primarily be based on character, participation and service in school, church and community activities. Scholastic achievement and financial need will also be considered.
- IX. Selection of the scholarship recipient(s) will be determined by the selection committee. The decision will be final.
- X. In order to be considered for this scholarship, all parts of the application, including photo and essay, must be completed and returned to the e-mail address below by **midnight, Thursday, March 21st, 2024**. No late or incomplete applications will be considered.

Send all parts of the application to:  
**judysegersscholarship@gmail.com**

## JUDY SEGER MEMORIAL SCHOLARSHIP APPLICATION

Please Type or Print Legibly.

**Applicant's Photo  
(Required)**

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_  
\_\_\_\_\_
3. Phone Number \_\_\_\_\_
4. What year(s) did you attend Danville United Methodist Preschool?  
\_\_\_\_\_
5. Father's Name \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_
6. Mother's Name \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_
7. Siblings (include age and year in school)  
\_\_\_\_\_  
\_\_\_\_\_
8. Name of school you plan to attend in the fall of 2024? \_\_\_\_\_
9. Intended major \_\_\_\_\_
10. Did you apply for financial aid by sending in the Financial Aid Form (FAF) or the Free Financial Aid Form (FAFSA) for the 2024/2025 school year? \_\_\_\_\_
11. What work experience (jobs) have you had in the past four years? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Please list all scholarships you have been awarded and/or applied for. (Include separate sheet if needed).

**Scholarships Awarded**

**Scholarships Applied for/Pending**

_____	_____
_____	_____
_____	_____

**\*\*PLEASE FULLY EXPLAIN ALL ANSWERS TO NUMBERS 13 – 15\*\***

13. List school, church, and community activities in which you have participated **during high school.**
- | YEAR(S) | ACTIVITY | OFFICES HELD, IF ANY |
|---------|----------|----------------------|
|---------|----------|----------------------|

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Continue on a separate sheet if needed.)

14. List any volunteer work or service you have provided to church, school, or other community organizations **during the past 4 years.** Please estimate how often you volunteered (hours or # of times)

YEAR(S)	SERVICE PROVIDED (Please Detail)	How Often?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Continue on a separate sheet if needed.)

15. List any honors or awards you have received and why you received them. \_\_\_\_\_

_____
_____

**\*On a separate sheet of paper, please write a brief essay (approximately 250 words) about your personal and career goals and how you plan to achieve them. You may include any additional information or unusual circumstances that would be helpful to the scholarship committee in determining eligibility and need.**

**Please note this application will not be considered by the selection committee without this essay.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**All applications require two references. Please have one of your teachers and one personal reference fill out the recommendation forms below. All parts of this application must be returned by the March 21st, 2024 deadline to be considered for this scholarship.**

## JUDY SEGER MEMORIAL SCHOLARSHIP TEACHER RECOMMENDATION

Applicant's Name \_\_\_\_\_

Based on your personal knowledge of this student, please write a brief statement regarding his or her character AND why this applicant should be considered for this scholarship. You may use this form or submit a signed letter of recommendation. **Please email your response by midnight on Thursday, March 21st, 2024, to judysegerscholarship@gmail.com.** Thank you!

This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher Name and Subject\_\_\_\_\_

*\*Please note that the Teacher Recommendation must be from a non-relative\**

Applicant's Name \_\_\_\_\_

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Relationship to applicant\_\_\_\_\_

***\*Please note that the Personal Recommendation must be from a non-relative\****

**All applications require information from your school counselor. Please have your counselor fill out the form below. A current transcript must be included with this form. All parts of this application must be returned by the March 21st, 2024 deadline.**

## COUNSELOR INFORMATION

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

Class Rank \_\_\_\_/\_\_\_\_

GPA\_\_\_\_\_

Please attach a copy of the student's transcript.

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date Received

Please email response by midnight on Thursday, March 21st, 2024 to:  
**judysegerscholarship@gmail.com**

# **SCHOLARSHIP CHECKLIST**

\_\_\_\_\_Photo attached

\_\_\_\_\_All questions answered

\_\_\_\_\_Essay

\_\_\_\_\_Teacher recommendation

\_\_\_\_\_Personal recommendation

\_\_\_\_\_Counselor information

\_\_\_\_\_Transcript

\_\_\_\_\_Return all items requested to [judysegerscholarship@gmail.com](mailto:judysegerscholarship@gmail.com) by midnight on 3/21/2024.