Revised November 2025

Katherine T. Smith Scholarship
Applicant Guidelines for 2026-2027 School year

Please read guidelines in their entirety before starting application. Students reapplying for scholarships need only to submit information indicated by asterisks (*).

1. **First time applicants only** must submit 2 letters from Anona's Leadership Staff explaining applicant's association with Anona United Methodist Church.
2. **First time applicants only** must submit 2 letters regarding service or involvement with church, community, or school from members of the community or church recommending them for an educational scholarship. Letters may show economic need as well as the field they have chosen.
*3. **All applicants** must submit proof of economic status by submitting parent's **most recent (2024)** W-2 Tax Return information. If applicant is self-supported, they must submit their own **most recent (2024)** W-2 and Tax Return information. W-2 and Tax Return information shall be held in confidence and be given to an accountant to be reviewed for qualification of financial need. If income tax forms have not been completed the applicant may submit their estimated tax form to the committee. ***FINANCIAL INFORMATION IS TO BE SUBMITTED IN A SEPARATE, SEALED ENVELOPE ATTACHED TO THE APPLICATION WITH NAME OF THE APPLICANT ON THE OUTSIDE AND MARKED CONFIDENTIAL.***
*4 **All applicants** must submit an **official transcript** indicating Grade Point Average (GPA) for the previous year and most recently completed semester. Grades should be no less than a 2.0 GPA on a 4.0 scale (**submitting unofficial transcripts will disallow the application for consideration**). **(electronic directly from school to jackie@anona.com is acceptable)**
*5. Scholarship shall be for a period of 1 year awarded annually. Applicant may reapply annually not to exceed a total of $5000.00 for an undergrad/technical school degree and $15,000 for a seminary degree.
*6. ***THE DEADLINE FOR SUBMITTING THE APPLICATION IS January 30th, 2026.*** In order to be considered for a scholarship, a **COMPLETED application and all required materials must be received by noon on Friday January 30th, *2026.* Return completed application and all additional required materials to:**
    - **Anona United Methodist Church Attention: Scholarship Committee**
    - **13233 Indian Rocks Road Largo, Florida 33774**
*7. Scholarship applications will be reviewed by February 20th. Applicants may be interviewed during this time. The interview may occur in person or by phone.
*8. Scholarships will be awarded as early as February 27th, 2026, and no later than September 1st, 2026, after approval. Recipients will be notified in person, by mail or email, by February 27th, 2026. Scholarships awarded shall be in an amount not to exceed $1,000 per scholarship for a maximum of $5,000 for the total post-secondary education. Graduate students who are full-time ministerial candidates may be awarded funds not to exceed $3K per scholarship up to a maximum of $12K for the total seminary graduate experience. Checks will be made payable to the educational institution, unless designated otherwise on the application. They will be sent by certified mail.
*9. Scholarships may be submitted for all types of post-secondary education and are thereby not limited to college degrees.
10. Ministerial candidates who have been accepted or enrolled in a United Methodist accredited Master of Divinity or Doctoral Program on a full-time or part-time basis shall have special preference over all other applicants.

For Applicant Use

APPLICATION CHECKLIST

Please attach the following in this order.

- ☐ Application (**all** questions answered / typed or printed / signatures)
- ☐ Endorsement letter(s) by Anona UMC pastors and/or staff
- ☐ Most recent official transcript of credits attached
- ☐ Parent / Guardian / Student financial statement completed & signed
- ☐ Attach your paragraph, career, and study goals & plans
- ☐ Other letters of recommendation

APPLICATION
Katherine T. Smith
Scholarship Fund

Anona United Methodist Church
13233 Indian Rocks Road
Largo FL 33774
727 – 595 – 2581

PLEASE PRINT BY HAND OR TYPE

Personal Information

Name _____ Social Security # _____

Street address _____ City/State _____ Zip_____

Home phone _____ Campus or Cell phone_____

Email Address _____ American citizen (Y/N) _____

Are you a ministerial candidate (check one)? Yes _____ No _____

*****First-time applicants are required to submit 2 letters from members of the Anona staff and 2 letters from members of the church or community per Applicant Guidelines #1 and #2.**

Academic Information

Check One For 2026-2027 School Year:
Full-time Student (12+ credit hours) _____ Part-time Student (less than 12 credit hours) _____

Education Intention: Degree: (Y/N) _____ Certificate or CEUs (Y/N) _____

School, College, University or Seminary Attending or Accepted by: _____

School Location (City, State) _____ Anticipated or Current Major _____

Scholarship check should be made out to(name of school)_____

Address of school (to mail check) .....

Student ID if assigned (**need to provide, once you have this**).....

Schools attended in the last 5 years:

_____ _____ _____
Name of school entrance date Dates Attended

_____ _____ _____
Name of school entrance date Dates Attended

High School Anticipated Date of Grad (Month/Year):_____

College Anticipated Date of Grad (Month/Year): _____

High School GPA _____

Current GPA _____

Honor Student (Y/N): _____

Member of Service Club(s) (Y/N): _____ Name of Club _____

Member of Athletic Team(s) or Band (Y/N): _____ Activity _____

Member of Academic Club/Organization (Y/N): _____ Name of Club/Org_____

Other School Activities, Clubs, or Recognitions: _____

Write and attach at least one paragraph identifying your educational and career goals. Include any other information that you feel is important for the scholarship committee to consider in regard to your application.

*****Remember to include an *official school transcript* with your application, or electronic direct to jackie@anona.com*****
Financial Information

Check Which Applies: First time K.T. Smith Applicant _____ or Reapplication _____ (see bullet below)

- I have received the K.T. Smith Scholarship #_____ times previously.

Status (Check One): Single ____ Married ____ Single Head of Household ____ (# of dependents ___)

Have you been granted other scholarship aid (Y/N)?: ____

If yes, explain: _____

_____

Do you intend to apply for scholarships at the post-secondary school you plan to attend (Y/N)?: ____

If yes, explain _____

_____

Will you or your family apply for student loans or have access to other sources of financial aid to support your education (Y/N)?: ____

If yes, explain _____

Work Plans:

Will it be necessary for you to work while attending college (Y/N)? ____ hrs/wk _____

Family size: _____ (This number includes parents, student applicant, other dependent children, and others if the parents are providing more than one-half of the applicant's support)

List other dependent family members attending post-secondary schools.

Family Relation to Applicant	Place of attendance	FT/PT
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any obligations that may impact the financial resources of the family.

_____

_____

***** Remember to include you or your parent's 2024 W-2 and Tax Form with your application.*****

Church and Community Involvement

Member of Anona (Y/N)? ___ Describe involvement in Anona UMC ministries (Use separate page if needed):

_____

_____

Community Volunteer (Y/N)? ___ Describe community volunteer involvement (Use separate page if needed):

_____

_____

All of the information included in the application materials is true to the best of my knowledge:

Student applicant signature _____ Date _____

Parent guardian signature _____ Date _____
(if applicant is a minor)

IMPORTANT: Complete the "Application Checklist" on the Applicant Guidelines page to ensure that you have completed all application requirements.

Committee Application Checklist

APPLICATION CHECK LIST:	___	Application (all questions answered / printed or typed / signatures)
	___	Endorsement letter(s) by Anona pastors and/or staff
	___	Most recent Transcript of credits attached.
	___	Parent / Guardian / Students financial statement completed & signed.
	___	Paragraph career and study goals and plans
	___	Other letters of recommendation

COMMITTEE FOR KATHERINE T. SMITH SCHOLARSHIP AWARDS Amount Recommended: _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____