GUMP AND AYERS SCHOLARSHIP FUND
Single Mothers Enrolled in Higher Education Programs

The Gump & Ayers Scholarship Fund (GASF), established in 1996 in memory of Marjorie B. Gump, provides a one-time scholarship to a Utah woman who is a high-school graduate and who is a single mother pursuing a higher education to provide tools for the financial security and support of herself and her family. The recipient must be a Utah resident. Applications are distributed to Utah colleges and universities annually in November and are due February 1. The P.E.O. Sisterhood is a philanthropic educational organization which promotes educational opportunities for women. The GASF is administered by the P.E.O. Foundation and Utah State Chapter of P.E.O. Sisterhood - www.peoutah.org. GASF funds are available after July 1.

Eligibility - The applicant must:
1. Be a single mother.
2. Be a resident of Utah at the time of application.
3. Be a graduate of an accredited high school or have equivalent educational training and display high scholastic standards and seriousness of purpose.
4. Be currently enrolled in an accredited college or university in Utah or have proof of acceptance to such an institution.
5. Have realistic and obtainable educational objectives.
6. Demonstrate financial need for the GASF to pursue educational goals.
7. Submit all items on Checklist on page 2.

Selection Criteria
Scholarship recipients shall be selected on the basis of current scholastic achievement, potential for success, personal integrity, and financial need. Former recipients or relatives of current GASF Committee members are not eligible. The application of the scholarship recipient shall be forwarded to the trustees of the P.E.O. Foundation for their approval.

Contact Information
The GASF committee uses a shared email address for Gump and Ayers Scholarship Fund business. Contact the Chair and her committee by emailing:
PEOUtah.GumpAyers@gmail.com
For further information, please contact the committee chair listed below. The completed application must be sent or delivered to the GASF Committee and must be POSTMARKED by February 1, 2016. Late applications will not be considered.

Gump and Ayers Scholarship Fund Committee – serving May 3, 2015 to May 1, 2016
Chairman Glenda LeHoux,V 801-733-4950 PEOUtah.GumpAyers@gmail.com
GUMP AND AYERS SCHOLARSHIP FUND
Checklist

A completed application must include:

- Gump and Ayers Scholarship Fund (GASF) Application.
- GASF Financial Statement of Income and Expense.
- A current transcript or letter of acceptance from an accredited college or university in Utah.
- Two letters of personal recommendation, at least one from an educator on school letterhead.
- A letter from the applicant stating her educational background, financial need, career goal, and educational objectives specific to achieving this goal.
- A letter from a P.E.O. Chapter is recommended, but not required. For assistance finding a chapter in your area, please contact the Gump & Ayers committee by emailing: PEOUtah.GumpAyers@gmail.com by January 15, 2016.

Completed materials must be POSTMARKED BY February 15, 2016. Late applications will not be considered. Please send to:

Gump & Ayers Scholarship Committee
1386 Rainsborough Rd
Murray, Utah 84121

Note: The committee sees many qualified applicants each year and is unable to consider incomplete applications. Please provide all items.
GUMP AND AYERS SCHOLARSHIP FUND
Application

Date: __________ Phone: ______________ Email: ________________________________

Name ____________________________________________________________
Last   First   Middle

Address ____________________________
________________________________________________________________________
Street and Apartment Number
________________________________________________________________________
City __________________________________ State __________________________ Zip

Age _____________ High School Attended ____________________________________

College or University _______________________________________________________

Expected date of graduation______________

Number of Applicant’s children living in household ___________________________

Ages of Dependent Children _________________________________________________

Other Dependents _________________________________________________________

PROPOSED USE OF GRANT – (please be specific, i.e. books, tuition, child care, etc.)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Applicant’s Signature ________________________________________________
## GUMP AND AYERS SCHOLARSHIP FUND
### Statement of Income and Expense

#### MONTHLY INCOME (deduct taxes withheld)
- **Salary:** Applicant $__________
- **Financial Aid:**
  - Scholarships, grants $__________
  - Loans $__________
  - Child Support/alimony: $__________
  - Welfare assistance/food stamps: $__________
  - Other income (please explain) $__________
- **TOTAL monthly income** $__________

#### ADDITIONAL FINANCIAL INFORMATION
- **Total Savings Accounts** $__________
- **Total investments** $__________
  (please list on separate sheet)
- **Total educational loans to date** $__________
- **Total Debts:**
  - **Mortgage** $__________
  - **Car loan** $__________
  - **Credit cards** $__________
  - **Other debt** $__________
- **TOTAL educational loans to date** $__________

#### EDUCATIONAL EXPENSES
(per term/semester, unless otherwise stated by you)
- **Tuition** $__________
- **Books/supplies/lab fees** $__________
- **Transportation (to/from class)** $__________
- **Childcare (during class)** $__________
- **Other:** $__________
- **TOTAL educational expenses** $__________

#### MONTHLY EXPENSES
**Personal Expenses:**
- **Rent/mortgage payment** $__________
- **Food/groceries** $__________
- **Utilities** $__________
- **Telephone** $__________
- **Personal/family expenses:**
  - clothes, activities, etc. $__________
- **Medical/Dental** $__________
- **Automobile:**
  - payment $__________
  - insurance $__________
  - misc. expenses $__________
- **Insurance: home, health, etc.** $__________
- **Loans/account payments** $__________
- **Childcare (while not in class)** $__________
- **Other expenses:** $__________
- **TOTAL personal monthly expenses** $__________

**ADD: monthly educational expenses**
(**from the left hand column)**

- **TOTAL monthly expenses** $__________

**If there is a shortfall between total income and total expenses, list how much and how it is being funded, including family, credit cards, other (use other side if necessary)__________________________________________

I confirm that this financial statement is correct to the best of my knowledge.

________________________________________
applicant’s signature

________________________________________
date