

# The Morgan Thomas Scholarship Fund

## Metro-Marietta Kiwanis, Cobb County Georgia

### *Biography of Morgan Thomas*

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- Born in Cordele, Georgia, son of a Methodist minister.
- Undergraduate degree from Emory University and LLB degree from University of Georgia.
- Had the longest record of service -- 46 years -- of any state employee as of 1980.
- Was with the Court of Appeals of Georgia as Deputy Clerk since 1934 and Clerk since 1957, interrupted only by five years of World War II service in the Army, in which he was Lieutenant Colonel retired.
- The third Clerk in the court's history, he served under 39 of its 53 judges.
- Wrote "Morgan's Corner" column in the Georgia State Bar Journal and Notes on Court of Appeals and Supreme Court's opinions for many years.
- Was Senior and Junior Warden and taught Adult Bible Class at St. James Episcopal Church, Marietta.
- Sunday School teacher at Shoreham Convalescent Center, Marietta.
- Past holder of many local, stage, national, and international offices in the Kiwanis International.
- Member of City Council and Mayor pro tem of Marietta, 1964-69.
- President, National Conference of Appellate Court Clerks, 1976-77.
- Master of Ceremonies for Cobb County Chamber of Commerce from 1963 to 1987.
- "Honorary GAL" (Georgia Association of Legal Secretaries).
- Named "Man of the Year in Marietta" by the Civitan Club.
- Only the highlights have been mentioned; Morgan Thomas gave much more.

The Morgan Thomas Scholarship was established by the Metro Marietta Kiwanis Club as an appropriate way to perpetuate the name and ideals of Mr. Morgan Thomas, a founding member. Mr. Thomas was a man who devoted his life to helping others through Kiwanis, his church, and his profession. The scholarship will help others in the tradition of Mr. Thomas by providing financial assistance to deserving Cobb County students.

That Mr. Thomas cherished education is well known to those who knew him. As a young college student, financial hardship forced him to set aside his plans to attend Emory University School of Medicine. He was determined to continue his education nonetheless, and persisted until he graduated with a LLB (Law) degree from the University of Georgia. The Morgan Thomas scholarship will give a boost to a student who needs help to accomplish his or her educational goals.

Mr. Thomas remained involved in education all his life, as both a student and a teacher. His life could never be described only through a list of activities and accomplishments, for to do so would be to miss the essence of the character of this unique person. He was, most of all, one who gave. In addition to giving generously of his material possessions, even in times of personal crises, he gave his gifts of teaching, public speaking, and writing, and in all, displaying good humor, humility, and kindness.

Because Mr. Thomas dedicated his life to the others, the Metro-Marietta Kiwanis Club has honored him by establishing the Morgan Thomas scholarship. It shall be awarded primarily on financial need, with a leaning toward the average or slightly above average student who is so often overlooked. The scholarship will be awarded annually, depending on available funding, quality of applicants, or recommendation by the Board of Directors of Metro-Marietta Kiwanis club. The Metro-Marietta Kiwanis Club reserves the right to change, alter, or amended, without notice, the criteria for the Morgan Thomas scholarship.



## The Morgan Thomas Scholarship Fund

### Metro-Marietta Kiwanis, Cobb County Georgia

### 2012-2013 Academic Year

**Print, complete, and mail application to Cobb Community Foundation at the address indicated at the end of the form.**

**ELIGIBILITY CRITERIA**

- U.S. citizenship
- Resident of Cobb County, Georgia for at least six (6) months prior to application
- Minimum 2.5 GPA in all high school coursework for grades 10, 11, and 12, with preference for students with GPAs between 3.0 – 3.5
- Commitment to community service
- Enrollment in or acceptance to a college or university within the United States
- Previous recipients may reapply if they fulfill the above requirements and have maintained satisfactory progress toward their associate or bachelor’s degree. Previous recipients are not guaranteed additional awards. All students are responsible for obtaining the current year’s application form

Have you applied to this scholarship before?  Yes  No

What year(s) did you apply?  
\_\_\_\_\_

What year(s) did you receive it?  
\_\_\_\_\_

I.D. #	AA	PD	RIC/CS	GPA	SATRW	SATM	ACTRE	ACTM	TOTAL

**Applicant Name** \_\_\_\_\_  
Last First Middle

**Mailing Address** \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

County of Residence: \_\_\_\_\_ as of: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Parent/Guardian Information** \_\_\_\_\_  
Last First Middle

Day Phone: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

**High School Data** School Name: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Address: \_\_\_\_\_

**Post Secondary School Data** List the colleges/universities to which you have applied and/or to which you have been accepted; if you are not a freshman, list the school you will attend in the fall. List these in order of your choice:

1<sup>st</sup> Choice: \_\_\_\_\_ Accepted? Yes  No  Pending

2<sup>nd</sup> Choice: \_\_\_\_\_ Accepted? Yes  No  Pending

3<sup>rd</sup> Choice: \_\_\_\_\_ Accepted? Yes  No  Pending

Year in post-secondary program next school year:  1  2  3  4

Major: \_\_\_\_\_ Anticipated graduation date: \_\_\_\_\_

**Annual College Expenses** Tuition: \_\_\_\_\_ Fees: \_\_\_\_\_ Room & Board: \_\_\_\_\_

*This application form consists of 6 pages including recommendation forms. If you are missing any pages, please go to [www.cobbfoundation.com](http://www.cobbfoundation.com) to download the complete form.*

**Activities, Awards and Honors** Please list all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

Activity	High School or College	No. of Years Participated	No. of Hours Participated Annually	Special Awards, Honors	Offices Held

**Community Involvement** Please list community organizations such as service, volunteer, and religious organizations you are now active or have previously been active in over the past four years. Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

Organization	High School or College	No. of Years Participated	No. of Hours Participated Annually	Special Awards, Honors	Offices Held

**Personal Essay:** Please attach a TYPED personal essay (2-3 pages) that includes the following:

- Reasons that you feel a college education is important
- Your statement of educational and career goals
- Post college career interests
- Highlights of your high school extracurricular/community service activities
- Special strengths, skills, and qualifications
- Any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities
- Present financial need

An official transcript of grades **must** be sent with this application. On-line transcripts and grade reports are not acceptable.

**Transcript Information**

1. **Students currently or previously enrolled in college or vocational-technical school must** include all college or vocational-tech transcripts of grades from each school attended. (Completion of number 2 below is not necessary.)
2. **High school seniors and students who have completed less than one full quarter or semester** of post-secondary education **must** include a high school transcript of grades and have the following information completed by the appropriate school official. **(A clear explanation of the school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____
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Cumulative Grade Point Average
Weighted: _____/4.0 scale
Unweighted: _____/4.0 scale

SAT		
Critical Reading	Writing	Math

ACT			
English	Reading	English/ Writing	Math

**The Morgan Thomas Scholarship Fund 2012-2013 Academic Year**

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**To be considered eligible, attach the following documents to this application form in this order in one application packet:**

- a) Completed Student Application.
- b) Current Complete Official Transcript(s) of Grades (including grading scale). On-line transcripts are not acceptable.
- c) Signed Application and Information Release Statement.
- d) Two Scholarship Recommendation Forms & optional recommendation letters *in sealed envelopes with signatures across the flaps*.
- e) Proof of Georgia residency.
- f) Letter of acceptance from the school you plan to attend next fall.

**Deadline: Application packets must be postmarked no later than 5:00 p.m. on May 25, 2012.  
Faxes and e-mails will not be considered.**

**Mail Application to: The Cobb Community Foundation  
1985 North Park Place  
Atlanta, GA 30339  
Email Questions to [cobbfoundation@mindspring.com](mailto:cobbfoundation@mindspring.com)**

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**APPLICATION AND INFORMATION RELEASE STATEMENT**

The information provided in my application is, to the best of my knowledge, complete and accurate. I understand that false statements on this application will disqualify me from receiving the scholarship.

I (please print your name) \_\_\_\_\_, give permission for any college, school, or individual to release to Cobb Community Foundation any information necessary to process or maintain my scholarship.

I understand that it is my responsibility to ensure that all required documents attached to the application form and are postmarked by 5pm on the date of the deadline. I understand that late and incomplete applications will be disqualified.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Rules and Regulations Governing Acceptance of the Scholarship**

1. The total amount of the award will be administered by the scholarship committee and the college. The award will be made in one fall installment. The check will be mailed to the recipient and made payable to the college for the student. Funds may be deposited in the recipient's student account to be used for tuition, mandatory fees, on-campus room and board, and books other supplies available at the on-campus bookstore.
2. Recipient is expected to remain a student of good standing during his/her enrollment. It is the student's responsibility to see that the committee is informed of such progress by means of grade reports and other data. Failure to remain in good standing may endanger receipt of funds for remaining quarters/semester.
3. It is the student's responsibility to provide The Cobb Community Foundation the address where he/she will be most easily reached during the academic year.
4. In the event the student is unable to complete a quarter/semester and must withdraw from school, notification in writing should be made to The Cobb Community Foundation. Reasons for withdrawal must be clearly stated, as well as intentions for the future. The Cobb Community Foundation reserves the right to request restitution of monies expended for the quarters/semester of withdrawal.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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SCHOLARSHIP RECOMMENDATION FORM

The student named below is applying for a scholarship administered by The Cobb Community Foundation. Your recommendation is needed as part of the application process. Please return this form to the applicant in a sealed envelope with your signature across the flap so he/she may submit it as part of a complete package. In addition to completing the form, you may also include a personal letter of recommendation (optional).

To be completed by the applicant:

Your name: \_\_\_\_\_

Your home address: \_\_\_\_\_

School you will attend next fall: \_\_\_\_\_

To be completed by reference:

In what capacity have you known the applicant?

\_\_\_\_\_ Student \_\_\_\_\_ Employee \_\_\_\_\_ Other (specify) \_\_\_\_\_

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant in a sealed envelope.

Table with 5 columns: Statement, extremely appropriate/well/excellent, very appropriate/well/good, moderately appropriate/well/fair, inappropriate/not well/poor. Rows include statements about educational choice, achievements, goal setting, community service, learning resources, curiosity, problem-solving, and respect.

Comments: \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

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

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Comments: \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

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