



**MINISTERIAL SCHOLARSHIP APPLICATION**

**The Alabama-West Florida United Methodist Foundation, Inc.  
P. O. Box 8066. Dothan. AL. 36304  
Phone (334)793-6820 FAX (334)794-6480**

Alabama-West Florida Conference, District: \_\_\_\_\_  
Name of Home Church: \_\_\_\_\_

**APPLICATION DEADLINE 6/30**

**PERSONAL INFORMATION**

**NAME** \_\_\_\_\_ M or F: \_\_\_\_\_  
Current Address \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ SS #: \_\_\_\_\_  
Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
# of Dependents and Ages: \_\_\_\_\_

**EDUCATIONAL INFORMATION**

School Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
School Mailing Address: \_\_\_\_\_  
Will you be attending on Campus  OR On Line  ?  
Current Track: Undergrad  Deacon  Elder  Local Pastor  Year/Class: \_\_\_\_\_ Full-time? \_\_\_\_\_  
Are you preparing for ordained pastoral ministry? ( ) Yes ( ) No  
If YES, will it be within the AWF Conference? ( ) Yes ( ) No  
Have you been certified as a candidate for the ministry: ( ) Yes ( ) No District \_\_\_\_\_  
What is your present Conference relationship?  
( ) Local Pastor ( ) Part-time ( ) Full-time  
( ) Other Relationship \_\_\_\_\_

**EMPLOYMENT / FINANCIAL INFORMATION**

Employment: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_  
Spouse Employment: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_  
Other Resources: Grants: \$ \_\_\_\_\_  
Scholarships: \$ \_\_\_\_\_  
Student Loans: \$ \_\_\_\_\_  
Gifts: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
**Total Resources & Income: \$ \_\_\_\_\_**

\*\*Do you expect employment to change for you or your spouse within the next year? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

**Total Personal Indebtedness:** \$ \_\_\_\_\_

**Annual Family Expenses:**

Housing/Mortgage	\$ _____
Regular Installment Payments (loans, CCs)	\$ _____
Living Expenses (utilities, food, clothing etc.)	\$ _____
Medical & Insurance	\$ _____
Child Care	\$ _____
Travel Expense	\$ _____
Tuition & Books	\$ _____
Other _____	\$ _____

**Total Expenses:** \$ \_\_\_\_\_

**FINANCIAL AID OFFICE INFORMATION (Please have school complete this section.)**

Name of College or Seminary \_\_\_\_\_ Student ID# \_\_\_\_\_

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

Student Classification: 1<sup>st</sup> Year     2<sup>nd</sup> Year     3<sup>rd</sup> Year     4<sup>th</sup> Year

Full-Time Student: Yes     No     Rate Student Financial Need: Low     Medium     High

Amount of School Financial Assistance to Student: \_\_\_\_\_

Financial Aid Phone #: \_\_\_\_\_

Financial Aid Signature & Title: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
*(Student's Signature)*

\_\_\_\_\_  
*(Date)*

**\*\*It is VITAL that ALL requested information is provided.  
PLEASE review your application for completeness before submitting.\*\***

**You may mail, e-mail or fax this application to:**

MAIL:            United Methodist Foundation  
                    P. O. Box 8066  
                    Dothan, AL 36304

FAX:             334-794-6480

EMAIL:          foundation@alwfumf.org