



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: 1st Year 2nd Year 3rd Year 4th 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