



# Ministerial Scholarship Application

## GENERAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First, Middle, Last*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Church Membership Location: \_\_\_\_\_ District: \_\_\_\_\_

Email Address: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Total Number of Dependents: \_\_\_\_\_

## EDUCATION INFORMATION

College Name: \_\_\_\_\_

College Mailing Address: \_\_\_\_\_

Student ID#: **(REQUIRED)** \_\_\_\_\_

**Current track: (choose ONE)**

- Deacon
- Elder

**Year:**

- Freshman  Junior
- Sophomore  Senior
- Post graduate  Other

Are you preparing for ordained pastoral ministry? Yes  No

If yes, will it be within the Alabama-West Florida Conference? Yes  No

Are you a CERTIFIED candidate for the ministry? Yes  No

What is your present Conference relationship? Local Pastor  Other  \_\_\_\_\_

Full-time  Part-time

## EMPLOYMENT & FINANCIAL INFORMATION

While attending college, will you be employed? YES  NO  If yes, annual income anticipated: \$ \_\_\_\_\_

While you attend college, will your spouse (if applicable) be employed? YES  NO  If yes, annual income anticipated: \$ \_\_\_\_\_

**Please tell us about other resources you may have:**

	Annual Amount
Grants:	\$ _____
Scholarships:	\$ _____
Gifts:	\$ _____
Student Loans:	\$ _____
Other:	\$ _____

**Total Annual Resources (employment income plus all other):** \$ \_\_\_\_\_

## DEBT & EXPENSES INFORMATION

Total personal indebtedness (loans, mortgages, credit cards, etc.) \$ \_\_\_\_\_

**Please tell us about your expenses:**

	Monthly Amount
Housing/Mortgage:	\$ _____
Installment Payments (loans, credit cards):	\$ _____
Utilities:	\$ _____
Medical & Insurance:	\$ _____
Child Care:	\$ _____
Travel (gas, auto maintenance):	\$ _____
Tuition & Books:	\$ _____
Other:	\$ _____

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

**\*\*\*\*\*THIS SECTION TO BE COMPLETED BY SCHOOL FINANCIAL AID OFFICE\*\*\*\*\***

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

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

Financial Aid Office phone number: \_\_\_\_\_

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 Financial Assistance to Student from School: \$ \_\_\_\_\_

Financial Aid Rep Printed Name: \_\_\_\_\_

Financial Aid Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IT IS \*\*VITAL\*\* THAT ALL REQUESTED INFORMATION IS PROVIDED. PLEASE REVIEW BEFORE SUBMISSION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return applications via regular mail, email or fax to:***

**Regular mail: Alabama-West Florida United Methodist Foundation  
P.O. Box 8066  
Dothan, AL 36304**

**Email: foundation@alwfumf.org**

**Fax: 334.794.6480**