



Ministerial Scholarship Application

GENERAL INFORMATION

Name: _____ Date: _____
First, Middle, Last

Address: _____
Street Address

_____ City _____ State _____ ZIP Code _____

Member of what church: _____ 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:

- First
- Second
- Post graduate

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