



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) **Year:**

Deacon Undergraduate First Second Third Fourth 5+

Elder Graduate First Second Third Fourth 5+

Are you preparing for ordained pastoral ministry? Yes No

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

 If yes, will it be within a local historically Wesleyan church or organization? Yes No

What is your present Conference relationship (check all that apply)?

Local Pastor Lay Pastor Student Pastor Certified Candidate for Ministry 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 other than school assistance:

	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 5+ 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: _____

GOALS AND CALLING INFORMATION

What are your plans for the future and career goals? _____

How would receiving this scholarship help you live into God's calling for your life? _____

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