



# Board of Ordained Ministry

West Virginia Conference

THE UNITED METHODIST CHURCH

## Ministerial Education Fund APPLICATION FOR FINANCIAL AID

### APPLICATION DEADLINE: JULY 1

*Please complete entire application. Incomplete information may delay your grant process.*

#### PART I: PERSONAL INFORMATION

Name: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Mailing Address (address where correspondence can be mailed to you during the academic year):  
\_\_\_\_\_

Phone: \_\_\_\_\_

Home Address (if different):  
\_\_\_\_\_

Phone: \_\_\_\_\_

(Please advise of any address changes!)

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Name(s) and age(s) of children: \_\_\_\_\_  
\_\_\_\_\_

I am a (check one) \_\_\_\_\_ certified candidate \_\_\_\_\_ licensed local pastor

District: \_\_\_\_\_

Home Church: \_\_\_\_\_

City: \_\_\_\_\_

Pastor (if someone other than you): \_\_\_\_\_

College(s) Attended \_\_\_\_\_

Degree(s) Received/Year \_\_\_\_\_

Name of Seminary you will be attending: \_\_\_\_\_

Anticipated Month/Year of Graduation: \_\_\_\_\_

\_\_\_\_\_ Credit hours remaining for completion

\_\_\_\_\_ Total credit hours you will be taking this term/terms

Number of credit hours per term for **current** registration:

\_\_\_\_ summer \_\_\_\_ fall \_\_\_\_ winter \_\_\_\_ spring

I am working toward ordination as \_\_\_\_ deacon or \_\_\_\_ elder.

My Seminary classifies me as a \_\_\_\_\_ full-time \_\_\_\_\_ part-time student.

\_\_\_\_\_ I give permission for this application to be shared with the United Methodist Foundation and other church agencies that make funds available to seminary students.

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*Please provide an estimate of a year's expenses. This estimate may be used to help determine priority for additional scholarship opportunities should they become available.*

**PART II: FINANCIAL INFORMATION**

**EXPENSES**

**A. School Expenses (full time)**

Tuition	
Books and Supplies	
Fees	
Other (specify)	

**B. Room and Board**

Rent	
Utilities	
Food	
Clothing	
Telephone	
Other (specify)	

**C. Automobile**

Payments	
Insurance	
License	
Maintenance	
Fuel	

**D. Health Care**

Medical	
Dental	
Insurance	
Other (specify)	

**E. Miscellaneous (specify)**

Bank Loans	
Credit Cards	
Other	

<b>TOTAL</b>	
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**OTHER FINANCIAL OBLIGATIONS:**

College Loans	
Charge Accounts	
Mortgage	
Other	

<b>TOTAL</b>	
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**INCOME**

A. Salary Appointment	
Utilities, travel, etc.	
Other Income (summer job, etc.)	
Spouse's Income	

B. Scholarships	
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C. Parent/Family	
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D. Honorariums	
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E. Savings	
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F. Veterans Benefits	
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G. Other (specify)	
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<b>TOTAL</b>	
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Adjusted Gross Income reported to IRS last year for student and/or spouse	
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Estimated Adjusted Gross Income for current year for student and/or spouse	
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Approximate Value of: Personal Property (i.e. automobile, real estate, investments, etc.)	
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*Please use the back of the application to share other information which you believe may be helpful to the Board of Ordained Ministry when considering your application.*

# Ministerial Education Fund

## THE AGREEMENT

In making application to the Ministerial Education Fund, I understand and agree to the following requirements:

1. Must be a certified candidate for ordained ministry by his/her home district and under the supervision of a Candidacy Mentor or the Vocational Discernment Coordinator OR be serving as a licensed local pastor.
2. Maintain academic and/or other standards acceptable for graduation.
3. Furnish the Office of Ministry Support a copy of course schedule that includes number of credit hours per course, and submit a transcript of grades earned as soon as it becomes available. **Both of these must be submitted every semester.**
4. Withdrawal from a course or any other change in number of credit hours for the current semester must be communicated to the Office of Ministry Support as soon as possible.
5. Provide, upon request, a personal financial statement of his/her Seminary Account.
6. Allow this information to be shared with the Seminary and/or other parties responsible for the securing of financial assistance.
7. Abide by the rules and regulations governing this Fund as stated above or revised and detailed in the current Annual Conference Journal.

*I affirm that the information in both Parts I and II of this application is correct to the best of my knowledge, and that **I will comply with the points of this agreement.***

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### **APPLICATION DEADLINE: JULY 1**

Please return to:

Angela Jones, Ministry Support Assistant

[ajones@wvumc.org](mailto:ajones@wvumc.org)

OR

Ministerial Education Fund

PO Box 2313

Charleston, WV 25328