

MINISTERIAL EDUCATION FUND
APPLICATION Form
North Carolina United Methodist Conference

STUDENT NAME: _____ **INSTITUTION** _____

Email address: _____ **CELL** _____

COMMITTEE ONLY: Amount Granted _____ Date Granted _____
Grant is for: ___ First Semester ONLY ___ Second Semester ONLY ___ Academic Year

Approved by the Committee: _____, Committee Secretary

The Ministerial Education Fund purpose is to assist in providing an adequately trained ministry for our churches by:

- a) Relieving some of the pressure of limited means, where such pressure may well prevent a ministerial candidate from obtaining the necessary education; and by
- b) Reducing the necessity for too much employment while in school, thus allowing more time for adequate study.

INSTRUCTION TO THE APPLICANT
[Please read the ENTIRE application form before filling it out]

- 1) Before proceeding with this application form, please be sure that you have read and understand the policies and conditions that govern the use of the Ministerial Education Fund.
 - 2) Complete your portion of the application in full detail. *FAILURE TO COMPLETE THE APPLICATION IN FULL WILL DELAY ACTION ON RECEIVING A GRANT.*
 - 3) As a final step in preparing this form, take or mail your application to the Financial Aid Officer of the college or seminary in which you are enrolled or pre-enrolled. Request the Financial Aid Officer to review your application, helping you to be accurate concerning your school expenses and assistance rendered by the school.
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Deadlines for applications are as follows: **June 30th (Fall Semester) and November 15th (Spring Semester).** *Either you or the Financial Aid Officer must mail this application as follows for it to be considered for an MEF grant.*

COMPLETED APPLICATION SHOULD BE MAILED BY COLLEGE/SEMINARY FINANCIAL AID OFFICER TO:
Office of Ministerial Relations, N.C. Conference
Ministerial Education Fund
PO Box 1970
Garner, NC 27529

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- 1. Applicant's FULL LEGAL Name: _____ SS# _____
Home Address, C.S. & Zip: _____
Home & Work Phone: () _____ () _____ DOB: _____ Age: _____
College/Seminary _____
 - 2. Married? ___ If Married, FULL Name of Spouse _____
 - 3. Names & Ages of Dependent Children: _____
 - 4. Do you plan to enter Ordained Ministry in the North Carolina Annual Conference? _____ Yes No _____
Check the appropriate category: ___ I am not a candidate for licensed and ordained ministry.
___ I am an inquiring candidate.
___ I am an exploring candidate.
___ I am a declared candidate.
___ I am a certified candidate (Date: _____) District _____
 - 5. When did you (or when will you) meet with your charge conference? _____
When did you (or when will you) meet with your district committee on ordained ministry? _____
Who was (or is) your Candidacy Mentor? _____

6. Name of your Home Church: _____ Pastor's Name: _____
Church Address: _____

7. Education Institutions attended. Give years and degrees earned:

High School: _____ Year Graduated: _____

College: _____ Year Graduated: _____ Degree: _____

Present School Year: Undergraduate: Sophomore ____ Junior ____ Senior ____

Seminary: (CIRCLE ONE) 1st Year 2nd Year 3rdYear 4th Year

Name of school *presently* attending: _____

8. Are you presently serving a student appointment (charge)? ____ Yes ____ No

Name of Charge: _____

9. How many hours do you plan to take in the Fall Semester/Term? ____ How many in the Spring Semester/Term? ____

10. Have you received previous grants from the MEF in the NC Conference? ____ Yes ____ No

Do you presently have indebtedness to the MEF in another conference? ____ Yes ____ No

11. School expenses at the institution where the financial assistance will be applied{fill in for semester or academic years as appropriate – only tuition and fees are to be listed in the following blanks}:

\$ _____ One Semester or Quarter or \$ _____ for the Academic Year

\$ _____ Books/Texts for the Semester or Academic Year, whichever applies.

Applicant's Signature: _____ Date: _____

RECOMMENDATIONS

1. I recommend the applicant for a scholarship to prepare for the ordained ministry in the NC Conference of The United Methodist Church.

Signed: _____ Address: _____

District Superintendent _____ Zip _____

2. STATEMENT BY REGISTRAR OR DEAN: I have reviewed this student's transcripts and to my knowledge, he/she has maintained an overall "C" average throughout his/her academic endeavors. I further have determined from the student that he/she will be taking 9 hours minimum per semester in seminary or 12 hours minimum per semester in undergraduate school.

Signed: _____ Address: _____

Registrar or Dean _____ Zip _____

3. This section is to be completed by the FINANCIAL AID OFFICER at the school where the student will be in attendance for the semester or academic year in which he/she is seeking MEF assistance. Your signature below verifies to us that the costs of schooling (tuition, fees, books) as listed by this student in Question #11 are essentially correct.

Signed: _____ Address: _____

Financial Aid Officer _____ Zip _____