

**MINISTERIAL EDUCATION FUND
APPLICATION FORM
ALABAMA-WEST FLORIDA UNITED METHODIST CONFERENCE**

INSTRUCTIONS TO APPLICANT

{PLEASE READ THIS APPLICATION FORM IN FULL BEFORE FILLING IT OUT.}

- To understand the policies and conditions that govern the use of the Ministerial Education Fund, please contact the Alabama West Florida Director of Ministerial Services, whose name and contact information is at the end of the application.
- Complete your portion of the application fully. Failure to complete the application in full will delay action on your receiving a service loan.
- When your part of the form is completed, take or mail it to your seminary financial aid office, seminary registrar, and district superintendent for their parts to be filled out.
- The fully completed form should be mailed to the Director of Ministerial Services (DMS) by August 1 for the fall term or by January 1 for the spring term. However, all applications will be considered whenever received. One application will cover an entire 12-month period, including all academic terms within that period. You do not have to submit a new application until near the beginning of the next 12-month period. However, for each term within the period being covered by an application, you must ask the registrar to send to the DMS a verification giving the number of hours being taken in that term that you are enrolled. This can be e-mailed by the registrar to robin@awfumc.org.
- Please see the Board of Ordained Ministry Policies and Procedures Manual for 2009-2012 at www.awfumc.org regarding current policies regarding disbursement of available funds and repayment/service options.

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1. Full NAME (print or type) _____
Social Security No. _____
 2. Home Address: _____
 3. School Address: _____
 4. Preferred Mailing Address: __ Home __ School
 5. __ Single __ Married Spouse's Full Name: _____
 6. No. of dependent children: _____ Ages: _____ Number Other dependents: _____
 7. Full-time student: __ Yes __ No (Minimum of 9 semester hours are required to be full-time.) Number of hours: _____
 Asbury EXL (Internet) _____ Number of Hours currently taking.
 8. Seminary Attending: _____ Expected graduation date: _____
 9. Student classification for the period of this application: __ First Year __ Second Year __ Third Year __ Fourth Year
 10. Certified Candidate: Date: _____ District: _____
 11. The status you are currently pursuing: __ Ordained Deacon __ Ordained Elder
 12. Who was (or is) your CANDIDACY MENTOR? _____
 13. Name of your HOME CHURCH: _____ -
 14. Education Institutions attended:
College: _____ Year graduated: _____ Degree: _____
 15. Are you presently serving a student appointment (charge)? __ Yes __ No
Name of the Charge: _____ Conference: _____

16. Have you received previous grants from the MEF in the AWF Conference? ___ If so how many semesters? _____

17. Have you received MEF grants from another conference? __ Yes ___ No
Name of Conference: _____

18. School expenses at the seminary where this financial assistance will be applied (fill in for semester or academic year as appropriate; only tuition and fees are to be listed in the following blanks.):

\$ _____ One Semester OR \$ _____ Academic Year \$ _____ Textbooks.

REQUIRED RECOMMENDATIONS

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 _____ hours per semester.

Signed: _____ Dean Registrar Date: _____

FINANCIAL AID OFFICER

I have reviewed the costs for tuition, fees, and books as listed by this student in Question 18 and verify they are essentially correct.

Signed: _____ Address: _____

(Please mail completed form to the district superintendent listed below.)

RECOMMENDATION OF THE DISTRICT SUPERINTENDENT

District Superintendent's name and address: _____

This applicant became a Certified Candidate: Date: _____ District: _____

Please note: applicant must be a Certified Candidate to be eligible for a scholarship!

I recommend him/her for the MEF Scholarship to prepare for ordained ministry in the AWF Conference of The United Methodist Church.

Signed: _____ Date: _____

Please mail this form to:

Robin C. Wilson
100 Interstate Park Dr., Ste 120-A
Montgomery, AL 36109
Phone: 334-356-8014
E-mail: robin@awfumc.org