

APPLICATION
for
The Josephine Campbell Huffer Scholarship

Sponsored by the Commission on the Status and Role of Women,
Indiana Conference of the United Methodist Church

Application is due by:
April 20

Awarding of the Scholarship is based
upon the following criteria:

Remit to:
COSROW Huffer Scholarship
Indiana Conference
301 Pennsylvania Parkway, Suite 300
Indianapolis, IN 46280

Financial Need: 50%
Clarity of Call: 20%
References: 20%
Academics: 10%

Name: _____

Permanent Address: _____

Home Phone: _____ **E-mail:** _____

Birth Date: ____/____/____
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Recent Employment History:

1. Position Held: _____ Employer: _____

Length of Employment: _____ Reason for Leaving: _____

2. Position Held: _____ Employer: _____

Length of Employment: _____ Reason for Leaving: _____

3. Position Held: _____ Employer: _____

Length of Employment: _____ Reason for Leaving: _____

Educational Background:

Graduate Education

Seminary _____ Degree Program _____

G.P.A. _____ Hours Completed _____ Intended Graduation Date _____

School _____

Degree Received _____ Graduation Date _____

College/Vocational Education

School _____

Degree Received _____ Graduation Date _____

School _____

Degree Received _____ Graduation Date _____

High School

School _____ Graduation Date _____

Application Requirements:

- A. **Attach a brief (one page) autobiography which includes personal history (marital status, children and their ages, etc.), background information (family of origin, education)**
- B. **Attach a recent photograph.**
- C. **Attach a brief (one page) summary/statement of your understanding of your call to ministry and the impact that has on your professional goals.**
- D. **List 3 references below, including name, address and phone number. Request each reference complete the attached reference form and return it to COSROW Huffer Scholarship, Indiana Conference, 301 Pennsylvania Parkway, Suite 300, Indianapolis, IN 46280 by April 20th. These references should include an ordained minister, a professor or someone who knows your academic ability, and a member of your District or Conference Board of Ordained Ministry.**

1. Name _____ Phone _____
Address _____

2. Name _____ Phone _____
Address _____

3. Name _____ Phone _____
Address _____

- E. **Financial Statement:** Please estimate your total income and expenditures for the upcoming school year, September through May.

Estimated Expenses:

Tuition and fees: _____
 Books: _____
 Housing/Utilities: _____
 Meals/Food: _____
 Transportation: _____
 Personal: _____
 Other: _____
 TOTAL EXPENSES: _____

Estimated Income/Resources:

Funds on hand: _____
 Income: _____
 Scholarships: _____
 Grants: _____
 Loans: _____
 Assistantship: _____
 Other: _____
 TOTAL INCOME: _____

If your estimated need is greater than this award, what other sources do you have to meet your financial need (spouse’s income, help from family member, additional employment, student loans, etc.)?

The announcement of the name of the Huffer Scholarship recipient is made at the COSROW Breakfast at Annual Conference in June of each year. If you are chosen to receive this award, would you be able to be present at this year’s Annual Conference session?

_____ **Yes** _____ **No**

Signature of Applicant _____

Date _____

This application and letters of reference must be received by March 15th to:

COSROW Huffer Scholarship
 Indiana Conference
 301 Pennsylvania Parkway, Suite 300
 Indianapolis, IN 46280

