

Applicant's Full Name \_\_\_\_\_ Application Year \_\_\_\_\_

**Indiana Conference UMC Ministerial Scholarship Awards**  
**APPLICATION FORM - Deadline for all material is April 1<sup>st</sup> annually.**

The Indiana Conference UMC Scholarship Awards are designed for those who are seeking ordination in The United Methodist Church. If, in answering certain of the following questions, more space is needed than is provided on this form, feel free to use additional sheets. Statements should be sufficiently complete to represent your thinking, yet should be as concise as possible.

Applicant's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
(First, Middle, Last)

Present Address \_\_\_\_\_  
(Street, City, State, Zip)

Permanent Address \_\_\_\_\_  
(Street, City, State, Zip)

Home Phone, incl. area code: \_\_\_\_\_ Work Phone incl. area code: \_\_\_\_\_

Cell Phone, incl. area code: \_\_\_\_\_ e-mail: \_\_\_\_\_

Annual Conference \_\_\_\_\_ Social Security Number \_\_\_\_\_

Ethnic Origin:  European-American  African-American  Asian-American  
 Hispanic/Latina  Native-American  Pacific Islander  
 Other \_\_\_\_\_

Citizenship:  U.S.A.  Other \_\_\_\_\_

The applicant must be a full-time student and have proof of permanent residency. If permanent resident, list Alien Registration Receipt Card No. \_\_\_\_\_

***The applicant must be a certified candidate seeking ordination and planning a career in The United Methodist Church. One of the letters of references MUST BE from the District Committee on Ordained Ministry, indicating you are a certified candidate and the date of your certification.***

Have you applied for admission in the M.Div. program from an accredited seminary?  Yes  No

Name the seminary you plan to attend and state where you are in that process. (Skip if currently enrolled.)  
\_\_\_\_\_

If currently enrolled, give the name of the seminary you are attending: \_\_\_\_\_

What is your year of study beginning in the fall semester of this year?  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

If, at the beginning of the award year you will have less than one full year remaining, state the hours needed to graduate (e.g., 3 credit hours remaining) and the date when studies will be completed:  
\_\_\_\_\_

**PLEASE NOTE:** a) Recipients are eligible and encouraged to re-apply for each year they are in seminary.  
b) A new application and new letters of reference **must be** submitted each year.  
c) A current transcript is also required each year.

**Indiana Conference UMC Ministerial Scholarship Awards  
LIST OF REFERENCES**

Name at least four persons (other than relatives) who will serve as your references. These should be people who know you well and who are in a position to make an adequate statement about you. The list should include: 1) a minister who knows of your interest in ordained ministry; 2) a seminary professor or, if not yet in seminary, your Director of Admissions (if already in seminary, be sure the reference is one who knows of your academic work); 3) a lay person on the Pastor-Parish Relations Committee; and 4) the chair or registrar of the District Committee on Ordained Ministry indicating you are a certified candidate and the date of your certification. ***Incomplete references will mean that your application cannot be considered.***

**1. Minister reference:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**2. Seminary professor or other academic reference for those currently enrolled. For those applying to seminary, a reference from the Director of Admissions.**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**3. Pastor-Parish Relations reference:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**4. District Committee on Ordained Ministry reference (chair or registrar):**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**CHECKLIST:**

- I have requested all academic transcripts, including fall-term grades.
- I have requested four letters of recommendation.
- I have included complete financial information.
- I have enclosed my typewritten, one-page personal statement (see Page 6).
- I have signed the application form (below).

***DEADLINE for application and all supporting material is APRIL 1<sup>st</sup> annually.***

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Reference form (see Page 3) should be given to the corresponding reference to be completed and submitted directly to the Associate Director of Clergy Services. These references must be on file before consideration can be given to your application. ***(Reference letters from a previous year are not acceptable.)***

***Send application and all academic transcripts to:*** Associate Director of Clergy Services, Indiana Conference UMC, 301 Pennsylvania Parkway, Suite 300, Indianapolis IN 46280

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**FOR OFFICE USE ONLY:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Seminary transcripts      | <input type="checkbox"/> Statement of professional goals and intentional fulfillment | <input type="checkbox"/> Minister's reference letter |
| <input type="checkbox"/> Undergraduate transcripts | <input type="checkbox"/> Verification of candidacy                                   | <input type="checkbox"/> Academic reference letter   |
| <input type="checkbox"/> Estimated budget          | <input type="checkbox"/> Registrar/District Chair                                    | <input type="checkbox"/> PPRC reference letter       |
|  |  | <input type="checkbox"/> Personal history            |

Applicant's Full Name \_\_\_\_\_ Application Year \_\_\_\_\_

**Indiana Conference UMC Ministerial Scholarship Awards  
REFERENCE FORM – Please return by April 1<sup>st</sup> of Application Year**

Name of Reference \_\_\_\_\_

- CHECK ONE:  Minister  
 Seminary Professor or other Academic Official  
 Pastor-Parish Relations Chair or Member  
 Chair or Registrar of District Committee on Ordained Ministry

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

e-mail \_\_\_\_\_

**NAME OF APPLICANT** \_\_\_\_\_

Is applicant a Certified Candidate?  Yes  No If yes, please indicate date of certification: \_\_\_\_\_

How long you have known the applicant and in what capacity?

**Please list five strengths this person brings to ministry.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

What is the candidate's potential for effective ministry?

What is the candidate's financial need?

Reference's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed form by April 1st of the application year to [sandy.harlan@inumc.org](mailto:sandy.harlan@inumc.org) or mail to: Associate Director of Clergy Services, Indiana Conference of the United Methodist Church, 301 Pennsylvania Parkway, Suite 300, Indianapolis, IN 46280**

## Indiana Conference Ministerial Scholarship Awards FINANCIAL STATEMENT

What do you estimate to be the total cost of the year for which you are applying (for your entire family) for an IN UMC scholarship? Outline estimated family income and expenditures. Please note: ***An incomplete or unrealistic budget will mean that your application cannot be considered.*** Show total family income and expenses.

**Estimated Expenses (September through September):**

**Financial Resources:**

Tuition and fees                   \*\*\*\*\*

Funds in hand

Books

\*\*\*\*\*Your earnings

Housing (rent/mortgage)

\*\*\*\*\*Your spouse's earnings

Utilities

\*\*\*\*\*Family gifts

Food

\*\*\*\*\*Social Security

Transportation

\*\*\*\*\*Assistantship/rebate

Personal

\*\*\*\*\*Other:

Donations

\*\*\*\*\*Other:

Social Security & Income Tax

Other:

Other expenses (total from below)

**Total Income**

*(list below in detail all major categories; use separate sheet if needed)*

1.

\*\*\*\*\*Licenses

2.

\*\*\*\*\*Scholarships, granted

3.

\*\*\*\*\*Anticipated scholarships

4.

\*\*\*\*\*Approved scholarships

**TOTAL EXPENSES** \_\_\_\_\_

**TOTAL RESOURCES** \_\_\_\_\_

If your estimated need is greater than the award, what plans do you have for providing the difference?

Have you ever received an IN UMC ministerial scholarship?

Yes    No

What other grants and scholarships did you receive last year?

How much do you owe in education loans from prior years?

**Indiana Conference UMC Ministerial Scholarship Awards  
PERSONAL HISTORY**

1. State in the space below a summary of your professional goals and the intentional fulfillment of your ordination.

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2. Briefly state your personal history as it applies:

Marital Status \_\_\_\_\_

Employment of Spouse, if married \_\_\_\_\_

Number of children \_\_\_\_\_ Ages of children \_\_\_\_\_

Other legal dependents for whom you are financially responsible \_\_\_\_\_

3. Give a brief description of your job history or attach a résumé. (Check here if résumé attached )

4. College and Seminaries attended:

Colleges/Seminaries attended	Dates (mo/yr – mo/yr)	Major	Minor	Degree Earned	GPA

5. Transcripts should be requested for: a) fall semester of current academic year, if enrolled; b) other masters level work; c) undergraduate work from degree granting institution. Please collect all official transcripts from the schools and submit with completed scholarship application. List any other name(s) that transcripts might be filed under:

6. List any academic honors, prizes, etc., you have received:

7. What factors, if any, should be taken into consideration in evaluating your academic record? (For example, excessive outside work, illness, inadequate curriculum offerings, etc.):

**NOTE TO APPLICANTS FROM PREVIOUS YEARS:** *You must provide new letters of references, new personal statement, and a current year FALL transcript. We want to understand your progress in your theological education and self-understanding.*

**Indiana Conference UMC Ministerial Scholarship Awards  
PERSONAL STATEMENT**

Briefly describe on this page only the events that brought you to this decision and your goals in ministry. Why should you be considered a recipient of an Indiana Conference United Methodist Church scholarship? Speak specifically how scholarship, spiritual growth and social justice are interwoven.