

The South Carolina United Methodist Foundation, Inc.
Post Office Box 5087
Columbia, South Carolina 29250-5087

FOUNDATION SEMINARY SCHOLARSHIPS GENERAL APPLICATION

Application Instructions

Please read the entire application before beginning to complete it. Answer each question as fully as you can. You may attach additional pages as may be necessary in responding to any questions of length. Sign and date the application where indicated on the last page. The deadline for submitting this application is April 1st of each year. The application must be returned to the South Carolina United Methodist Foundation at the above address postmarked no later than April 1st.

PERSONAL AND LOCAL CHURCH HISTORY

Name _____
(First) (Middle) (Last)

Date of Birth _____ Sex _____
(Month, Day, Year) (Male or Female)

Place of Birth _____

Current Home Address: _____
_____ Zip _____
Tel. No. _____

School Address(If Different): _____
_____ Zip _____

Cell Phone #. _____ Email _____

Current Marital Status(Check One): ___ Single ___ Engaged ___ Married ___ Widowed ___ Divorced

Do you have children? _____ If yes, list age of each: _____

Number of dependents living with you? _____

Relationship to you? _____

Previous Career(s) and/or Work Experience(s): _____

Name of your "home church": _____

Location: _____ District: _____

Member since? _____ Current Pastor: _____

List some of your activities and/or positions of leadership held or service rendered in your current and/or previous "home church": _____

EDUCATION HISTORY

Date of High School Diploma or Equivalency: _____

Undergraduate Work:

Name of College _____ Location _____
Major _____
Hours Completed or Degree and Date _____
Other Undergraduate work _____

Graduate Work:

Are you presently enrolled in a graduate school or seminary? _____
If yes, name of school: _____ Location _____
Name of degree being pursued _____
What is your current student classification? _____
When do you expect to graduate? _____

What are your current and/or future education goals? _____

MINISTRY HISTORY

What are your specific plans for full-time Christian ministry? _____

What do you see as your particular skills and strengths for full-time Christian ministry? _____

Where do you envision yourself in Christian ministry ten years from now? _____

Are you a licensed local pastor? ____ If Yes, Since Year ____ Congregation _____
Are you a certified candidate with BOM? _____
Have you been commissioned? ____ If Yes, Year ____, (Check One) ____ Deacon ____ Elder
Have you been ordained? ____ If Yes, Year ____, (Check One) ____ Deacon ____ Elder
In what annual conference? _____

Is it your intention to serve as the pastor of a local church upon completion of your education? _____
If not, what are your plans to be in Christian ministry? _____

EVIDENCE OF NEED

What do you estimate to be your anticipated total gross income from all sources for the period July 1st of the current year through June 30th of the following year(Include such items as income from employment, grants, scholarships, gifts, investment income, amounts from parents and family, etc.)?
\$ _____

What do you estimate to be your total anticipated expenses for the same period (Include such items as living expenses, school costs, insurance premiums, travel expenses, loan payments, etc.)?
\$ _____

What is the principal amount of your total personal indebtedness as of the date of this application?
\$ _____

Please date and sign the application below:

(Date)

(Signature)
