

APPLICATION FOR SEMINARY AID
WESTERN NEW YORK CONFERENCE OF THE UNITED METHODIST CHURCH
BOARD OF ORDAINED MINISTRY

This application is provided as a frank and friendly means of obtaining pertinent information concerning your request for aid. Financial resources for aid are limited, and must be carefully administered. Aid is intended as a supplement to the student's resources.

The award of aid carries with it the requirement of service in the Western New York Conference.

Seminary aid to students given by BOM from MEF funds is issued as a loan, the interest rate to be the same as the United Methodist Student Loan Fund, subject to conversion to a grant at the rate of one-fifth of total aid received per year of full time appointment (or its equivalent) to and within the boundaries of the WNY Conference of the UMC, following seminary graduation.

If the recipient is a student or pastor serving in the Western New York Conference, but dies before the loan is repaid or settled, the debt obligation is to be terminated. Recipients must sign a promissory note as a condition for release of funds.

PLEASE TYPE OR PRINT CLEARLY:

Name of Applicant _____
Mailing Address _____
Street or PO Box _____
City, State, Zip _____
Telephone: Home () _____ Office () _____ Cell _____
E-Mail: _____

CONDITIONS FOR ELIGIBILITY FOR SEMINARY AID

Please provide requested information on documents.

Applicant must be a Certified Candidate for Ministry in the Western NY Conference of the United Methodist Church.

Date of Certified Candidacy (¶306.4) _____ District _____
Date of Continuation of Candidacy (¶307) _____ District _____
Date of Reinstatement of Candidacy (if applicable) (¶308.2) _____
District _____

Applicant must submit documentation of undergraduate degree (Letter from undergraduate institution registrar bearing seal, or notarized photocopy of degree certification) To be submitted only once.

Applicant must submit an official transcript of undergraduate work (once only).

Applicant must submit most recent grade report.

Applicant must be a matriculated student in a seminary approved by the University Senate of the United Methodist Church, or accepted into the approved program of graduate theological studies for Deacons:

Name of Seminary _____

Date Matriculated _____

Please check: Entering Student _____ Year: 1st _____ 2nd _____ 3rd _____ Other _____

Semester: Fall (year) _____ Spring (year) _____ Summer (year) _____

Candidate for _____ degree. Expected date of Graduation _____

Approved program of graduate theological study for Deacons:

Seminary or Location of Program _____

Date _____

Credit hours for which you are registered for the application period _____

Credit Hours Completed _____ Cumulative average _____

FINANCIAL INFORMATION

Have you received Conference Aid previously? _____ Amount \$ _____

Will you receive any other financial aid for this period (grants and/or loans)? _____

If so, please state the source and amount:

_____ \$ _____
_____ \$ _____
_____ \$ _____

ESTIMATE OF RESOURCES AND EXPENSES FOR PERIOD OF AID REQUEST

Are you appointed to a church or employed? _____ Part time _____ Full time _____

Name and address of church or employer: _____

Phone # () _____ District Superintendent or Supervisor _____

PERSONAL AND FAMILY INFORMATION

Single _____ Married _____ Name of Spouse _____

Spouse's employer _____ Full time _____ Part Time _____

of children at home _____ # of children in college _____

I certify that the information submitted herewith is true and correct.

Signature _____ Date _____

Mail completed application and other required information to:

Willow Brost

925 Delaware Ave. 6B

Buffalo, NY 14209