

**COMMITTEE ON ETHNIC MINORITY RECRUITMENT • SCHOLARSHIP APPLICATION**

**Board of Ordained Ministry  
California-Pacific Annual Conference  
The United Methodist Church**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Ethnic Identity \_\_\_\_\_ Current Conference Status \_\_\_\_\_

Mailing Address of Applicant \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number(s): Days \_\_\_\_\_ Evenings \_\_\_\_\_

Date of Birth \_\_\_\_\_ County of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name (if married) \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_

List Name(s) of Children below:

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If additional children, please check here (  ) and list on back

Expected Annual Income from all sources \$ \_\_\_\_\_

Expected Annual Expenses \$ \_\_\_\_\_

Financial Aid from all sources in the last year \$ \_\_\_\_\_

Total Indebtedness (specify if you wish) \$ \_\_\_\_\_

Type and Amount of Financial Aid Requested \$ \_\_\_\_\_

Unusual circumstances to be considered (please explain) \_\_\_\_\_

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Current Education Status \_\_\_\_\_

Professional Objective(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present Local Church Affiliation \_\_\_\_\_

Please provide the signatures of these persons to certify your application:

Your Pastor \_\_\_\_\_

Your District Superintendent \_\_\_\_\_

Financial Aid Officer \_\_\_\_\_

AGREEMENT BY APPLICANT: If financial aid is granted to me, I accept the conditions for possible repayment as outlined by the Committee on Ethnic Minority Recruitment of the Board of Ordained Ministry, California-Pacific Annual Conference, the United Methodist Church.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Return this form to:

Rev. Henry Masters  
3320 W. Adams Blvd.  
Los Angeles, CA 90018  
(323) 731-7285  
[revmasters@holmanumc.com](mailto:revmasters@holmanumc.com)