

Board of Ordained Ministry \* California-Pacific Annual Conference \* The United Methodist Church  
Mary Ann Swenson, Resident Bishop  
**SCHOLARSHIP AID APPLICATION**

\_\_\_\_\_  
Name of Applicant (please type)

\_\_\_\_\_  
Date of Certification as Ministerial Candidate and District

\_\_\_\_\_  
Address (Complete)

\_\_\_\_\_  
School and Year of Study

\_\_\_\_\_  
Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
How Many Units are being taken?

\_\_\_\_\_  
If married - Spouse's Name and Occupation

\_\_\_\_\_  
Expected Date of Application for Deacon's or Elder's Orders

\$ \_\_\_\_\_  
Expected Annual Income From All Sources

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

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

\_\_\_\_\_  
Home Church/Charge Conference Affiliation (Dates)

\$ \_\_\_\_\_  
Total Indebtedness (specify)

\_\_\_\_\_  
Home Church Address (Complete)

\$ \_\_\_\_\_  
Assistance Received From Conference This School Year

\_\_\_\_\_  
Home Church Pastor

\_\_\_\_\_  
Assistance from Local and/or Home Church

**CERTIFICATION BY FINANCIAL AID OFFICER:**

I certify that this applicant qualifies for financial aid on the basis of need and scholastic ability and is a current student registered for \_\_\_units. At this Seminary, this is defined as \_\_\_\_\_ time. (full or part)

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Institutional Seal or Stamp:

**AGREEMENT BY APPLICANT:**

If financial aid is granted, I accept the written policies of the Board, including possible repayment.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Please return to:  
Rev. Henry Masters  
3320 W. Adams Blvd.  
Los Angeles, CA 90018  
[revmasters@holmanumc.com](mailto:revmasters@holmanumc.com)