



# Indiana Conference UMC / Heartland Methodist Foundation Seminary, Graduate, and International Studies Scholarship Awards



## APPLICATION FORM

**Deadline is June 1<sup>st</sup> for Current Academic Year**

The Indiana Conference UMC Ministerial Education Fund and Scholarship Awards are designed for those who are seeking enrollment in graduate studies and/or ordination in The United Methodist Church. If more space is needed, feel free to use additional sheets.

Applicant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(First Middle Last) (mm/dd/yyyy)

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

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

Work Phone: \_\_\_\_\_ Main Phone: \_\_\_\_\_

Church District: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Candidacy Certification: \_\_\_\_\_

Gender:  Male  Female

Ethnic Origin:  White or European American  Black or African American  
 Asian  Hispanic or Latino  
 Native American or American Indian  Pacific Islander  
 Other \_\_\_\_\_  Prefer not to disclose

*(May limit scholarships for which you can be considered)*

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

If not a U.S. Citizen, the applicant must be a full-time student and have proof of permanent residency. If a permanent resident, list Alien Registration Receipt Card Number: \_\_\_\_\_

If you are eligible for a physical or learning disability scholarship, please explain: \_\_\_\_\_

Are you pursuing one of the following?  Deacon  Elder  PHD/Post-Graduate

Name of the school you are attending: \_\_\_\_\_

What is your year of study, beginning fall semester this year?

1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  Post-Graduate

Applicant's Name \_\_\_\_\_

## Indiana Conference UMC / Heartland Methodist Foundation

### 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 (Sept. to Sept.)		Estimated Income (Sept. to Sept.)	
Tuition and fees	_____	Funds in hand	_____
Books	_____	Your earnings	_____
Housing (rent/mortgage)	_____	Spouse's earnings	_____
Utilities	_____	Family / gifts	_____
Food	_____	Social Security	_____
Transportation	_____	Assistantship / rebate	_____
Personal	_____	Other	_____
Donations	_____	Other	_____
Soc. Sec & Income Tax	_____	Other	_____
Total (this section)	_____	Total Income (this section)	_____

Other Expenses		Other Income	
<i>(list below in detail all major categories; use separate sheet if needed)</i>			
1	_____	Loans	_____
2	_____	Scholarships awarded	_____
3	_____	Anticipated scholarships	_____
4	_____		_____
<b>TOTAL EXPENSES</b>	_____	<b>TOTAL RESOURCES</b>	_____

Accumulated Educational Debt: \_\_\_\_\_

Please explain any unusual circumstances or note other information that might assist with understanding your financial profile.

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Applicant's Name \_\_\_\_\_

Have you applied for any other scholarships? If yes, please list below:  Yes  No

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**Please attach a statement about your vocational goals, employment history and your involvement in church, community, and school.**

**CHECKLIST:**

- I have requested all required academic transcripts, including fall term grades.
- I have requested a letter from my school verifying enrollment for applicable term.
- I have requested a letter from District Superintendent or dCOM Chair verifying Certified Candidacy Status.
- I have signed the application form (below).

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(mm/dd/yyyy)

**VERIFICATION FORMS** should be given to the corresponding person to be completed and sent directly to the HM Foundation Development Officer. These forms must be on file before consideration can be given to your application. (**Forms from a previous year are not acceptable.**)

Send application and all academic transcripts to:

Development Officer  
Heartland Methodist Foundation  
8401 Fishers Center Drive  
Fishers, IN 46038  
(or to) [development@hm-foundation.org](mailto:development@hm-foundation.org)

**DEADLINE** for application and all supporting material is **June 1<sup>st</sup> for the upcoming academic year.**

**PLEASE NOTE:**

- a) Recipients are eligible and encouraged to reapply for each year they are in school.
- b) A new application and new letters of verification **must be** submitted each year.
- c) A current transcript is also required each year.

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**FOR OFFICE USE ONLY:**

- Verification of Candidacy  Verification of Enrollment  Estimated Budget
- Graduate Transcripts  Undergraduate transcripts (first time applicant)