

Office Use Only
 Date received from DS:
 Class/seminary code:

Texas Annual Conference Board of Ordained Ministries
Application for Scholarship Assistance
Semester: _____ Year: _____

Please PRINT Legibly

Applicant's Name _____ District _____
Last Name First Middle Initial

Mailing address for check _____ City _____, State _____ Zip _____

Telephone Number () _____ Alternate Contact Number () _____

E-mail: _____

Seminary Attending: _____ Location _____

I am enrolled for _____ total semester hours.*

*Please be sure to attach a copy of the class registration showing classes & all hours for which you are enrolled.

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| <p style="text-align: center;">Important Notes: Return your application promptly.</p> <p>This scholarship <i>functions</i> like a reimbursement for educational expenses, and is paid directly to the candidate (NOT the school). Applications must be submitted by candidates to District Offices by September 15 for Fall Semester and by February 15 for Spring Semester. Late or incomplete applications will not be processed. Please be sure ALL information is accurate and legible. Districts Offices must submit approved applications to BOM Scholarship Chairperson by October 1 (Fall) and by March 1 (Spring).</p> | <p style="text-align: center;">Academic & Professional Status Check all applicable categories</p> <p>1st Year (Junior) () 2nd Year (Midler) () 3rd Year (Senior) () Intern year ()</p> |
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CONDITION OF ACCEPTANCE

I agree to serve one year in the United Methodist ministry for each year I receive aid from the Conference. I agree to promptly notify the Chair of the Scholarship Committee if I decide to withdraw from the ministry, or drop courses.

Should I withdraw during a semester, I agree to repay the full amount of scholarship received during that semester.

Signature: _____ Date: _____

DISTRICT SUPERINTENDENT'S ENDORSEMENT

I recommend () this applicant for assistance this semester. I do not recommend () this applicant for assistance this semester.

Comments: _____

Signature of DS: _____ District: _____

To District Offices: Please send all completed forms to Dr. Nathan Hodge, PO Box 315, Willis, TX 77378 or email to scholarshipstxcumc@gmail.com.