**Howard Memorial Scholarship Fund: Application Form**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMITTEE ONLY:** Amount Granted: \_\_\_\_\_\_\_\_\_\_ Date Granted: \_\_\_\_\_\_\_\_\_\_

Grant is for: First Semester only: \_\_\_\_\_ Second Semester only: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Approved by the Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Committee Secretary

**The Charles T. Howard Memorial Scholarship Fund was established to assist in the education of worthy men or women who desire to become ministers of the gospel preferably, or doctors of medicine, and who without financial assistance, would be unable to pursue their education in such courses.**

**QUALIFICATIONS FOR APPLICATION:**

1. The student must be a member of First Methodist Church, Washington, NC or a member of a Global Methodist Church within the Washington District. (Students from First Global Methodist Church will have priority when funds are limited.)
2. The student must have the endorsement for candidacy in the Global Methodist Church by their local church.
3. The student must attend a seminary or college approved by the Provisional NC Annual Conference of the Global Methodist Church.
4. A student may be considered for scholarship aid upon having reached the junior level of undergraduate studies in preparation for ministry in the Global Methodist Church.

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***Instruction For the Applicant*** *(please read carefully the ENTIRE application form before filling out)*

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1. Before proceeding with this application form, please be sure that you have read and understand the policies and conditions that govern the use of the Howard Memorial Scholarship Fund.
2. Complete your portion of the application in detail. *FAILURE TO COMPLETE THE APPLICATION IN FULL WILL DELAY ACTION ON RECEIVING GRANT.*
3. Submit a copy of your transcript in order to reflect progress.
4. As a final step, have your Superintendent sign your form and return it to First Methodist Church, Washington.

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**Deadlines** for applications are as follows: **JUNE 30th** (Fall Semester) and **November 15th** (Spring Semester.) Either you or your District Superintendent must mail this application as follows for it to be considered for the Howard Memorial Scholarship Fund.

First Methodist Church, Washington

Howard Memorial Scholarship Fund Committee

PO Box 715

Washington, NC 27889

1. Applicant’s FULL LEGAL name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address, C.S. & Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home & Work Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/Seminary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Married? \_\_\_\_\_ If Married, FULL Name of Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Names & ages of dependent children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Church Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Do you plan to enter ordained ministry in the Provisional NC Annual Conference? \_\_\_\_\_ YES \_\_\_\_\_ NO
5. When did you (or will you) meet with your charge conference? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check the appropriate category:

\_\_\_\_\_ I am not a candidate for licensed and ordained ministry.

\_\_\_\_\_ I am an inquiring candidate.

\_\_\_\_\_ I am an exploring candidate.

\_\_\_\_\_ I am a declared candidate.

\_\_\_\_\_ I am a certified candidate (Date: \_\_\_\_\_) District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. College/Seminary presently attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present School Year (Undergraduate): Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Present School Year (Seminary): 1st Year \_\_\_\_\_ 2nd Year \_\_\_\_\_\_ 3rd Year \_\_\_\_\_ 4th Year \_\_\_\_\_\_

1. School expenses at the institution where the financial assistance will be applied (fill in for semester or academic year as appropriate – list only tuition and fees.)

$\_\_\_\_\_\_\_\_\_\_ One Semester or $\_\_\_\_\_\_\_\_\_\_ for the academic year.

$\_\_\_\_\_\_\_\_\_\_ books/texts for the semester or academic year.

1. Estimated living expense (rent, utilities, food): $\_\_\_\_\_\_\_\_\_\_
2. Have you applied for financial aid? \_\_\_\_\_ YES \_\_\_\_\_ NO
3. How much financial aid do you anticipate?

Nonacademic grant(s): $\_\_\_\_\_\_\_\_\_\_\_\_\_

College/Seminary: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ministerial Education Fund: $\_\_\_\_\_\_\_\_\_

Duke Endowment: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How much are you requesting from the Howard Memorial Fund? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Write a brief statement as to why you wish to receive this scholarship.

**Applicant’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Recommendation**

I recommend the applicant for the Howard Memorial Scholarship Fund to prepare for Ordained Ministry in the Global Methodist Church.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Washington District Superintendent