

OUT OF CONFERENCE EVENT SCHOLARSHIP APPLICATION
North Indiana Conference, United Methodist Church
Board of Ordained Ministry, Division on Ministry Development

To qualify, the continuing education program must be designed to further the minister's understanding of contemporary Christian life and/or his personal and professional development and/or the relevant missions of the church. Persons seeking academic degrees will have their application reviewed as to merit of the program and relation to the ministry of the church. The application must be reviewed and approved *prior* to the beginning date of the intended event. *The maximum scholarship in any three-year period is designated as \$400 for the first six years in full-time ministry and \$1,000 for year seven and those following.* All applicants will be notified of the Division's action within ten days after the application is received except for instances when a triad is required.

Eligibility Requirements

To qualify for financial assistance an applicant must:

- be a clergy-person with a full-time conference appointment (*an Elder, Deacon less than full time will be prorated by percentage of appointment*).
- need assistance.
- be willing when possible to use own resources to help meet education expenses.
- obtain or seek supplementary financial assistance from the local church or agency being served.

The educational program must be approved by the Pastor Parish (or Staff-Parish) Relations Committee and by the Division on Ministry Development of the North Indiana United Methodist Conference, and undertaken with the knowledge of the District Superintendent.

GENERAL INFORMATION

Today's date _____

Last Name

First Name

Daytime Telephone

Mailing Address(City/State/Zip)

Conference Appointment

EVENT REQUESTING ASSISTANCE

Name of Event

Date Of Event

School or Sponsoring Organization

City/State

Please give a brief description of course or event: *(Please attach brochure/promotion, especially the itemization of expenses)*

Is this period away considered vacation time? ____ Yes ____ No

How will your regular responsibilities be handled in any extended absence? _____

Is the Administrative Board/Council or Pastor Parish Committee aware of your plans? ____ Yes ____ No

Has your District Superintendent approved this? _____ Yes ____ No

Write a brief statement indicating how the course or event for which you are seeking assistance relates to our practice of ministry and your career goals:

EXPENSES AND RESOURCES

Please record below your anticipated expenses and resources for the above course or event.

EXPENSES

Registration _____
 Tuition _____
 Housing _____
 Meals _____
 Child Care _____

RESOURCES

From local church budget * _____
Amount to be used for travel _____
 From personal income _____
Amount to be used for travel _____
 Other sources _____

(Do not include here anticipated NIC aid)

TOTAL EXPENSES _____

TOTAL RESOURCES _____
 (There must be an amount from your local church budget or an explanation below)

TRAVEL EXPENSES _____ *MEF scholarship grants do not cover travel expenses*

TOTAL EXPENSES _____

*If this item is answered "none", please indicate below the steps you have taken or plan to take to request the inclusion of a continuing education fund in your local church's budget.

ASSISTANCE REQUESTED

I request consideration of a grant in the amount of \$ _____ for the course or event described in Part II of this application. **This request must be made prior to the beginning of the event.**

Dates funds needed: _____

Signature of Applicant: _____

OFFICE USE ONLY
Application received: _____
Date reviewed by Division: _____
Decision of Division: _____ _____
Date approved: _____

NOTICE
Please review this application and make certain it is complete. Incomplete applications will NOT be considered and will be returned to the applicant.
Mail completed application to:
Ministry Development NICUMC P O Box 869 Marion, IN 46952
<small>09/12/2002 - jen</small>