

Earle L. Wilson Ministerial Education Scholarship Fund Application

A scholarship program of the Northeast District of The Wesleyan Church to assist Ministerial Students, Licensed Ministers and Ordained Ministers in paying for current educational expenses.

Incomplete Applications will not be considered.

RETURN COMPLETED APPLICATION BY MAY 15 TO:
Northeast District Center ♦ 6737 Cetronia Rd. ♦ Allentown, PA 18106-9202

Applicant's Name _____ Social Security No. _____
Address _____ City _____ ST _____ Zip Code _____

REQUIREMENTS:

- Credentialed by the Northeast District as a Ministerial Student, Licensed Minister or Ordained Minister.
- Enrolled in a program of study approved by The Wesleyan Church or, upon the recommendation of the District Superintendent, by the District Board of Administration.
- Demonstrated satisfactory progress toward completion.
- Maintained the equivalent of 2.5 cumulative GPA (on 4.0 scale).
- Expressed desire and intention to continue serving within The Wesleyan Church.
- Submitted application and current transcript annually.

NOTES OF INTEREST:

- FLAME, FLAMA, and part-time undergraduate awards processed as a reimbursement following satisfactory completion of each year of study.
- Full-time undergraduate and graduate awards will be made payable to and sent directly to the school.

ELIGIBILITY CHECKLIST:

1. Only those credentialed by the Northeast District as a Ministerial Student, Licensed Minister or Ordained Minister are eligible.
 - A. Type of ministerial credential most recently granted to you by the district (check one):
 Ministerial student license District minister's license Ordained minister certificate
 - B. Program of study approved by The Wesleyan Church and/or program approved by the District Superintendent: _____
 - C. Cumulative Grade Point Average (*from your last semester completed - please attach a copy of your transcript*) _____

SUPPORT INFORMATION:

- A. Annual amount for tuition: \$ _____
- B. Institution Mailing Address: _____
Name of Institution _____
Address _____ City _____ State _____ Zip Code _____ Country _____
- C. Describe other educational financial aid you are currently receiving: _____

CERTIFICATION:

I verify that the above information is true and accurate to the best of my knowledge. It is my intent to continue to serve The Wesleyan Church following completion of my schooling.

Signature _____ Date _____