

Harry F. Wood Ministerial Endowment Fund Scholarship Application

A need-based program of the Northeast District of The Wesleyan Church to assist ministerial personnel in repaying educational loans incurred while studying for Christian ministry.

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 _____

ELIGIBILITY CHECKLIST:

1. Only ministers serving in the Northeast District and bearing Wesleyan ministerial credentials are eligible. Full-time pastors/staff qualify for full scholarships; applications from part-time pastors/staff are considered individually on a case-by-case basis.

A. Local church where you are appointed by the district: _____

B. Type of district appointment you have (check one):

- Full-time senior or solo pastor (the church is your primary source of income)
 Part-time senior or solo pastor (non-church work is your primary source of income)
 Full-time church staff (the church is your primary source of income)
 Part-time church staff (non-church work is your primary source of income)

C. Type of ministerial credential most recently granted to you by the district (check one):

- Ministerial student license
 District minister's license
 Ordained minister certificate

2. Only ministers in the first five years of pastoral service following graduation are eligible (*this five-year period may be interrupted by the pursuit of additional graduate education, after which eligibility would continue*).

A. Year of your undergraduate graduation: _____ B. Year of seminary graduation: _____

C. Year you first accepted a pastoral appointment after graduation from college or seminary: _____

3. Personal information required for scholarship consideration.

A. Total amount you currently owe on educational loans (*list name of each lending institution and the current pay-off balance due—this may be acquired by calling your lending institution's customer service number*)

Institution _____ Balance Due \$ _____

Institution _____ Balance Due \$ _____

Institution _____ Balance Due \$ _____

B. Adjusted Gross Income from your most recent IRS Form 1040: \$ _____

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.

Name _____ Date _____