UNITED METHODIST CITY SOCIETY 2012 SCHOLARSHIP PROGRAM APPLICATION

NAME:			
ADDRESS:			
TELEPHONE:			
EMAIL:			
DATE OF BIRTH: PLACE OF BIRTH:			
HOW LONG HAVE YOU BEEN A MEMBER OF THE UNITED METHODIST CHURCH?			
CHURCH NAME: PASTOR:			
HOW LONG HAVE YOU BEEN A MEMBER OF THIS CHURCH?			
IF LESS THAN 2 YEARS, PLEASE LIST YOUR OTHER CHURCHES AND THE NUMBER OF YEARS YOU WERE A MEMBER:			
DISTRICT NAME: DISTRICT SUPERINTENDENT:			
IF YOU ARE UNDER 18 YEARS OF AGE, PLEASE ANSWER THE FOLLOWING:			
MY PARENTS ARE MEMBERS OF: CHURCH NAME:			
HOW MANY YEARS?			
PASTOR'S NAME:			
WHICH INSTITUTION WILL YOU ATTEND IN THE FALL OF 2012?			
NAME/TYPE OF PROGRAM OR ELECTED MAJOR:			

WILL YOU BE FULL TIME OR PART TIME?
HOW MANY COURSES WILL YOU TAKE? CREDITS TO BE EARNED:
ARE YOU A CERTIFIED CANDIDATE FOR ORDAINED MINISTRY IN THE UNITED METHODIST CHURCH?
IF NOT, PLEASE EXPLAIN HOW YOU PLAN TO FOLLOW THIS ROUTE?
IF YOU ARE IN THE CANDIDACY PROCESS AND/OR CURRENTLY CERTIFIED, PLEASE HAVE YOUR CANDIDACY MENTOR ALSO SEND A LETTER OF REFERENCE TO THE UMCS.

PERSONAL STATEMENT: Please answer the following questions on a separate sheet(s) and attach with completed application package.

- 1. Give a brief introduction to your journey of faith:
- 2. Summarize your previous or current activities in your local church:
- 3. When and why did you decide to work in urban ministry?
- 4. Why are you feel called to ordained ministry and describe that call?

 If you are not pursuing ordination, please explain how your career choice will help the the urban ministry of the United Methodist Church or your home church?
- 5. How will your current educational plans prepare you for your work in urban ministry?
- 6. What personal gifts and talents do you bring to working in the church in an urban environment?
- 7. What courses will you pursue that will help you in your future plans?
- 8. What other things do you want to share with the scholarship committee that would be helpful to our decision?

REFERENCES: LETTERS OF REFERENCE FROM YOUR CURRENT PASTOR, CANDIDACY MENTOR (IF YOU ARE IN THE PROCESS) AND YOUR DISTRICT SUPERINTENDENT SHOULD BE SENT BY THEM DIRECTLY TO THE UM CITY SOCIETY.

(PLEASE NOTE THAT **YOUR APPLICATION** MUST BE SUBMITTED SEPARATELY BY THE MAY 8TH DEADLINE.

YOU MUST REQUEST YOUR PASTOR, CANDIDACY MENTOR AND DISTRICT SUPERINTENDENT TO SEND A LETTER OF REFERENCE SEPARATELY AND INDEPENDENTLY.

IF YOU ARE IN THE CANDIDACY PROCESS FOR THE UNITED METHODIST ORDAINED MINISTRY OR YOU ARE ALREADY CERTIFIED, WE REQUEST A LETTER OF REFERENCE FROM YOUR CANDIDACY MENTOR.

YOUR APPLICATION **WILL NOT BE DENIED** IF WE HAVE NOT RECEIVED THE REFERENCE LETTER BY MAY 3RD. UMCS WILL JOIN WITH YOU TO FOLLOW UP WITH YOUR PASTOR, MENTOR AND DS)

TRANSCRIPT: PLEASE PROVIDE A COPY OF YOUR TRANSCRIPT FROM YOUR CURRENT SCHOOL

SIGNATURE OF APPLICANT:	DATE:

DEADLINE: MAY 8, 2012 – 12 Noon.
THE APPLICATION MUST BE IN THE OFFICES
OF THE UNITED METHODIST CITY SOCIETY
BY Noon ON TUESDAY, MAY 8, 2012.
FAX: 212-870-3091
E-Mail THE COMPLETED APPLICATON
TO bshillady@umcitysociety.org.

Or Postmarked on MAY 8th, 2012 Rev. Dr. William S. Shillady 475 RIVERSIDE DRIVE ROOM 1922 New York, NY 10115

FINANCIAL STATEMENT

I.	HAVE YOU EVER RECEIVED A SCHOLARSHIP FROM THIS FUND?		
II.	DO YOU CURRENTLY HAVE ANY OUTSTANDING LOANS/DEBTS?		
III.	WHAT ARE YOUR ESTIMATED EXPENSES FOR THE CURRENT SCHOOL YEAR?		
	Tuition and fees:	\$	
	How many credits does this represent?		
	Books:	\$	
	Housing:	\$	
	Food:	\$	
	Other Living Expenses:	\$	
	Other Expenses:	\$	
	TOTAL	\$	
V.	WHAT ARE YOUR SOURCES OF INCOME FOR THE CURRENT SCHOOL YEAR?		
	Salary:	\$	
	Scholarships / Grants:	\$	
	Scholarship from my local church	\$	
	Savings:	\$	
	Loans:	\$	
	Gifts:	\$	
	TOTAL	\$	

IF YOUR TOTAL EXPENSES (QUESTION #3) ARE GREATER THAN YOUR INCOME (QUESTION #4), HOW DO YOU EXPECT TO SECURE ADDITIONAL FUND S?

PLEASE PROVIDE A COPY OF THE TWO PAGES OF YOUR (or your Parents if below 18) FEDERAL 1040 FORM FROM 2010 AS VERIFICATION OF THE ABOVE INCOME.

VI.	PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR EMPLOYMENT:			
	Employer:			
	Nature of Business:			
	Position:			
	Salary:	\$		
	Other Income:	\$		
VII.	1. HOW MANY WORKING ADULTS RESIDE IN YOUR HOUSEHOLD?			
	2. HOW MANY CHILDREN RESIDE IN YOUR HOUSEHOLD?			
VIII.	PLEASE USE THE SPACE BELOW TO PROVIDE A FEEL WILL HELP THE COMMITTEE IN UND SITUATION.			

IX. IF YOU ARE AGE 21 OR BELOW, PLEASE COMPLETE THE PROVIDE THE INFORMATION REQUESTED BELOW FOR YOUR PARENTS OR OTHER GUARDIANS:

MOTHER OR GUARDIAN:	
Name:	-
Address:	
Employer:	
Type of Business:	_
Position/Salary:	_
Total number of dependents:	
Total number of children in college:	
FATHER OR GUARDIAN:	
Name:	
Address:	
Employer:	
Type of Business:	
Position/Salary:	
Total number of dependents:	

APPLICATION DEADLINE MAY 8, 2012 12 Noon

For the Academic Year 2012-2013
475 Riverside Drive
Room 1922
Attn: Rev. Dr. William S. Shillady
New York, NY 10115
212-870-3094
Email application to
bshillady@umcitysociety.org