

Office Use Only
Date received from DS:

Class/seminary code:

Texas Annual Conference Board of Ordained Ministries
Application for Scholarship Assistance
Semester: _____ Year: _____

Please **PRINT** Legibly

Applicant's Name _____ District _____
Last Name First Middle Initial

Mailing address for check _____ City _____, State _____ Zip _____

Telephone Number () _____ Alternate Contact Number () _____

E-mail: _____

Seminary Attending: _____ Location _____

Perkins students: Please note campus: Perkins-Dallas and/or Perkins-South

I am enrolled for _____ total semester hours.*

*Please be sure to attach a copy of the class registration showing classes & all hours for which you are enrolled.

Important Notes: **Return your application promptly.**

Applications must be submitted by candidates to District Offices by **September 15 for Fall Semester** and by **February 15 for Spring Semester**. All applications must be submitted by the Districts Offices to BOM Scholarship Chairperson by **October 1 for Fall Semester** and by **March 1 for Spring Semester**. Late or incomplete applications will not be processed. Please be sure ALL information is accurate and legible.

Academic & Professional Status
Check **all** applicable categories

1st Year (Junior) ()
2nd Year (Midler) ()
3rd Year (Senior) ()
Internship ()
Permanent ()
Deacon Route ()

CONDITION OF ACCEPTANCE

I agree to serve one year in the United Methodist ministry for each year I receive aid from the Conference. I agree to promptly notify the Chair of the Scholarship Committee if I decide to withdraw from the ministry, or drop courses.

Should I withdraw during a semester, I agree to repay the full amount of scholarship received during that semester.

Signature: _____ Date: _____

DISTRICT SUPERINTENDENT'S ENDORSEMENT

I recommend () do not recommend () this applicant for assistance for the current academic year.

Comments: _____

Signature of DS: _____ District: _____

District Offices: Please mail all approved applications to the BOM Scholarship Chair at **P.O. Box 775 Prairie View, Texas 77446**, email application to Kakilumba@pvamu.edu or fax application to **936-261-3593**