

Grant Request Form: Ethnic Minority Seminary Student Grant

| | Fall Semester | Spring Semester | |
|-------------------------|---------------|-----------------|------------|
| Board of Ministry | _____ | _____ | _____ app |
| East Ohio Conference | _____ | _____ | _____ amt |
| United Methodist Church | _____ | _____ | _____ date |

for committee use only

Please type or print

1. Name (Last/First/M.I.) _____

2. Address (Street) _____

(City/State/Zip) _____

3. Phone _____ e-mail _____

Gender: ___M ___F

4. East Ohio District Committee on Ministry with which you are currently affiliated:

5. Describe your status in the candidacy process: _____

6. Educational institution in which you are enrolled: _____

7. Degree program _____ Anticipated completion date _____

8. Full time _____ Part time _____

9. Ethnic minority: ___African American ___Asian ___Hispanic Other: _____

10. Will you be seeking ordination in East Ohio Annual Conference? ___Yes ___No

11. Seeking ordination as ___Elder ___Deacon ___Not yet determined

12. Home church _____

Signed _____ Date _____

Please have the Chair or Registrar of the District Committee on Ordained Ministry submit a letter of recommendation to support your application.

Return this form to BrianDSheetz@gmail.com with "Ethnic Minority Grant" as the subject line.

Questions? 800.831.3972 ext. 152