East Ohio Conference Board of Ordained Ministry Seminary Student Scholarships Application Form

Name						
Address	Graduation Date:					
	Marital Status:					
		No. of Dep	endents:			
Seminary(M	lust be on approved li		Senate)			
(17)	ust be on approved in	ist of Chrycisity	Schate.)			
Primary Telephone (_)	Certifying Distr	ict			
Email						
Seeking in ordination as an	n Elder	Deacon	Undecided	(Circle one)		
	and promise for the control of the c	SEMINARY TR IOW YOU HAV S PAST YEAR he ordained min	ANSCRIPT VE LIVED OUT (demonstrating particle) DATION from y	potential leadership our District		
	Superintendent or Ordained Ministry		of your District	Committee on		
	(4b) <u>LETTER OF</u> seminary professor			pastor or a		
Sign below to certify that y fall, a Certified Candidate			•	ear beginning in the		
Signature			Date			
RETURN BY APRIL 15 T Karol Lewis 245 Portage Trail Cuyahoage Falls, O						

For more information call 330-923-5241 or email klewis@firstchurchcf.com

East Ohio Conference Board of Ordained Ministry Seminary Student Scholarships Financial Information Form

Name			

1. Estimated expense for the academic year

Tuition & Books	Housing including rent and utilities
Transportation – gas, maintenance, insurance, loan payments	Child care
Medical Expense	Food
Insurance – medical, life, other	Clothing
Loan/credit card payments	Contributions
Other necessities	Other specify
	Total Expense

[You may attach additional information]

2. Estimated Income

Wages/salary/work-study ("take- home pay")	East Ohio Grants/Scholarships	
Spouse's "take-home" pay	Other Scholarships – list below	
Interest, investments	Other income	
	Total Income	

RETURN BY APRIL 15 TO:

Karol Lewis 245 Portage Trail Cuyahoga Falls, OH 44221