



United Methodist Church North Alabama Conference

Disability Ministries RAMP Application

Requirements for application- Please check that you meet each requirement:

- I am a member of a United Methodist Church in the North Alabama District.
- OR
- We are a United Methodist Church or organization affiliated with the United Methodist Church of North Alabama.
- I have contacted pastor to inquire about assistance at the local church level.

*** These requirements must be met in order to apply for a RAMP Scholarship. ***
Please complete the application. All information must be included.

Applicant Name : _____

Applicant Complete Address: _____

Applicant Phone number: (_____) _____

Applicant's email (if available): _____

Church Name: _____

Pastor's Name: _____

Pastor's Phone: _____

Pastor's Email: _____

Explain fully the type of assistance needed: _____

Cost estimate: _____

Time frame needed: _____

Have you contacted or received any support from other local agencies (Lion's Club, Civitan, Boys Scouts, etc...)? Please list who you have contacted and what support has been offered.

Applicant's Signature: _____ Date: _____

***Church Pastor- complete this section and send to the contact below:**

What assistance, if any, is the local church able to provide? (Manpower, materials, financial contribution, etc...): _____

Do you see this request as a relevant need? Please explain. _____

Pastor's Signature: _____ Date: _____

The Church pastor should send application (mail original or scan and email) to:

Susan Lee- Convener of Disability Ministries for the North Alabama Conference

6703 Winchester Lane

Pelham, Alabama 35124

Slee4al@hotmail.com

(205) 910-2353