

**MINISTERIAL EDUCATION FUND
APPLICATION
NORTH ALABAMA CONFERENCE**

Name: _____
Last First Middle

Address: _____ Home phone: _____
_____ Cell phone: _____

E-mail: _____

Date of birth: _____ Your church: _____

Seminary: _____ Status: [] First yr. [] Middler [] Senior

Have you been granted certified candidate status? _____ When? _____

What district granted you certified candidate status? _____

Are you intending to serve full time in ministry within our conference? _____

Mail application to :

Board of Ordained Ministry
898 Arkadelphia Road
Birmingham, AL 35204
Work: (205) 226-7970
FAX: (205) 226-7940
e-mail: laura.belding@umcna.org

Instructions

1. **Fully** complete all portions of the application that apply to you. [The back page, declaring your hours, must be filled out and submitted before each semester begins. MEF is based on the hours taken each semester.]
2. Have your district superintendent sign his/her portion of the application and examine the application for thoroughness.
3. Have the Financial Aid Office at your seminary fill out the portion applicable to them and have it signed. If you mail your application to them confirm it has been received.
4. Return the completed application to one of the addresses above.

Suggestion: After the application is completely filled out photocopy it and keep the copy for your records.

WORKSHEET

Your Current Financial Status

Your work compensation	_____
Spouse's work compensation	_____
Current balance in cash,savings,checking accounts	_____
Net Worth of your/your spouse's investments (IRA,Keogh, SEP, etc.)	_____
Number of people living in your household	_____
Amount of funds available for your education	_____

Your Current Indebtedness

	<i>Net Amount</i>	<i>Monthly</i>	<i>Annually</i>
College loans	_____	_____	_____
Auto loans	_____	_____	_____
Mortgage loan	_____	_____	_____
Credit cards	_____	_____	_____
Personal loans	_____	_____	_____
Installment payments	_____	_____	_____
Other obligations	_____	_____	_____
TOTAL	_____	TOTAL	_____

Estimated Educational Expenses

Tuition	_____
Books	_____
Professional and Office Expenses	_____
Travel Expense	_____
On-campus Housing (if applicable)	_____
TOTAL	_____

Estimated Family Living Expenses

	<i>Monthly</i>	<i>Annually</i>
Rent (if renting)	_____	_____
Utilities	_____	_____
Insurance Premiums	_____	_____
Food and home supplies	_____	_____
Auto, gas, maintenance	_____	_____
Clothing	_____	_____
Other (please list)	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL	_____	_____

SEMINARY DATA

Seminary: _____ Student's name: _____

Student's classification at the beginning of this year. [] First year [] Middler [] Senior

Seminary's annual tuition: \$ _____ Estimated cost of books this year: \$ _____

How much financial assistance from your seminary will the student receive? _____

seminary representative's signature

print name

title

date

DISTRICT SUPERINTENDENT & BOARD OF ORDAINED MINISTRY RECOMMENDATION

"I have reviewed this application I recommend this student for the Ministerial Education Fund."
This applicant:

1. Has been granted certified candidate status.
2. Intends to attend a University Senate approved seminary.
3. Intends to serve our conference full time upon graduating.

District Superintendent's signature

Ordained Ministry Representative Signature

Date

DECLARATION OF HOURS SLIP

This method is one option. You may also phone or e-mail your hours in prior to a semester.

I am registering for _____ hours for [] Fall, [] Spring, [] Summer semester.
Of these hours _____ will be by Distant Learning (Internet).

Name

Date