**OKLAHOMA ANNUAL CONFERENCE**

Board of Ordained Ministry

Ministerial Education Fund, Scholarship Application

**(Application Due Date: August 15 for Fall Semester / December 1 for Spring Semester)**

**New Certified Candidates Are Exempt From Above Deadline**

**Applicant Information:** (Please Print) Date

Fall & Spring Semesters Fall Semester Only Spring Semester Only Winter Term Summer Term

Name E-Mail

Date of Birth SSN Phone ( )

Current Address

 City State Zip

School Address (if different from above)

 City State Zip

Permanent Address (if different from above)

 City State Zip

**Church and Conference Relationship:**

**Only Certified Candidates are eligible for MEF Scholarships**

Home Church District

Current Charge Conference District

Completion of Certified Candidacy (Date) District

Date of Background Screening Date of Psychological Assessment

Licensed as a Local Pastor (Date, if applicable) District

Licensed as an Associate Member (Date, if applicable) District

Commissioned as a Provisional Member (Date, if applicable) District

Current Appointment (if applicable) District

What form of Christian ministry do you plan to enter?

Do you expect to become a fully ordained Conference member? Yes No Uncertain

**Education:**

Name of College(s) previously attended /Degree Earned

 Hours completed, or date of degree

Name of College(s) previously attended/Degree Earned

 Hours completed, or date of degree

Name of Seminary/Graduate School Full-Time: Yes No

 Degree Dates attended: From To

 Anticipated date of graduation

 Amount of MEF Scholarships received to date

**Additional Information:**

If you feel that there is other information concerning yourself and/or your present financial situation that you would like to share on your behalf, please include this in the space provided below.

**Conclusion & Signature:**

I, the applicant, hereby affirm that all of the above information in this application is, to the best of my knowledge, true and accurate.

Should I withdraw from pursuing my ministerial studies, I agree to repay the amount of scholarship received during that academic year.

Signature Date

Date application received

Signature of Executive Committee Representative of the Oklahoma Conference Board of Ordained Ministry

**Certificate of Enrollment:** (Please Print)

Academic Year Date

Name E-Mail

Current Address

 City State Zip

Phone

Initial Recommending Charge Conference

Current Charge Conference

Current District Committee on Ordained Ministry

Have there been any changes in your financial, family, school or conference situations since you completed your last full scholarship application?

The above named student is officially enrolled at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School of Theology or Seminary for the \_\_\_\_\_\_\_\_\_\_\_ semester, carrying courses representing \_\_\_\_\_\_\_ credit or semester hours. A full semester load is considered to include a minimum of \_\_\_\_\_\_\_ credit or semester hours.

Signed

 Representative of the Registrar’s office