

HELEN SEITZ SEMINARY SCHOLARSHIP APPLICATION

ELIGIBILITY REQUIREMENTS

1. Must be a member of a North Indiana United Methodist Church.
2. Must be seeking a degree in Christian Education.
3. Must be planning to devote life to Christian Education in the United Methodist Church.

Completed application must be postmarked on or before December 31

PERSONAL

Name _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Email _____

Birth Date _____

Married Single Are you a citizen of the United States? _____ If not, Where? _____

If married, do you have dependent children? _____ Indicate ages _____

High School Graduation (Mo/Yr) _____ College Graduation (Mo/Yr) _____

Currently enrolled in College? Yes No If yes, where _____

Planned Seminary Enrollment (Mo/Yr) _____

CHURCH

To what church are you a member? _____

How long have you been a member? _____

In your own words, tell of the positions held and your participation in church activities including your home church, the district, and national level. (Use an extra page if necessary)

EDUCATION

Name of seminary you plan to attend. _____

Are you currently attending? _____

Have you been accepted? _____ Will you be a full time student? _____

GPA for most recent academic year just completed: Seminary _____ College _____

Do you expect to attend this seminary the entire academic year _____ If not, explain

VOCATION

For what career are you preparing? (If undecided, include possible choices) _____

ACTIVITIES AND INTERESTS

State briefly your extracurricular interests and activities: _____

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FINANCIAL NEED ANALYSIS

(Confidential Information from Most Recent Tax Return)

Dependent Student (use parent's income)

Father's Name _____

Mother's Name _____

Independent Student (use own income or if married, own and spouse's)

Total household income before taxes \$ _____

Number of children in your family (include self if applicable) _____

Number of children in your family claimed as dependents (include self if applicable) _____

Number of children to be in college next year (include self if applicable) _____

Are there additional persons dependent on parents income? Please explain

Medical and dental expenses not paid by insurance \$ _____

Emergency expenses (flood damage, etc.) \$ _____

Total value of bank accounts and other investments (stocks, etc.) \$ _____

Amount of scholarships and other financial aid already received \$ _____

What are your anticipated educational expenses for the coming school year (include fees, tuition, books, room, board, misc.) \$ _____

Will it be necessary to borrow money to meet your expenses? _____

Any unusual circumstances? Please explain

STATEMENT OF APPLICANT AND CO-SIGNERS

I declare that I (the applicant) am a member of the _____
United Methodist Church of _____.

We certify that all information given on this application is true, correct and complete to the best of my knowledge.

Applicant _____ Date _____

Parent (if dependent) _____ Date _____

**Please return this completed form to:
North Indiana United Methodist Foundation, Inc.
1001 N. Western Avenue, Suite D
Marion, IN 46952**

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OTHER REQUIREMENTS

1. Must include 3 letters of recommendation, one from the pastor, confirming membership, guidance counselor or advisor, and a leader beyond local church. One letter should speak to the student's overall character and involvement in church and community.
 2. Must include student's personal statement explaining their church involvement. (on page 1)
 3. Must include most recent transcript (college, or seminary).
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APPLICATION FINAL REVIEW CHECK LIST

The application, financial need analysis, and the supporting documents need to be returned to the Indiana United Methodist Foundation Office in one envelope. The letters of recommendation may be in sealed envelopes, but all materials should arrive together. All materials must be received for a complete application and for consideration. The application packet must be postmarked on or before December 31 in order to be considered by the selection committee the following year.

SENT

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|--|-------|
| A. Completed Scholarship Application | _____ |
| B. Financial Need Analysis | _____ |
| C. Letters of Recommendation | |
| 1. Guidance counselor or advisor | _____ |
| 2. Pastor | _____ |
| 3. Leader beyond local church | _____ |
| D. Student's personal statement (If extra page was needed) | _____ |
| E. Transcript | |
| 1. College for those entering first year of Seminary | _____ |
| 2. Seminary for those past first year of Seminary | _____ |

All Materials Must Be Received For a Complete Application and For Consideration