

**APPLICATION FOR FINANCIAL AID  
NEW YORK ANNUAL CONFERENCE, BOARD OF ORDAINED MINISTRY**

CONFIDENTIAL FINANCIAL STATEMENT

The information requested on this form is designed to aid the MEF Committee in weighing the needs of seminary student scholarship applicants as fairly as possible. **Please type or print all information.**

**I. PERSONAL DATA**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Married? \_\_\_\_\_ Number and Ages of Children? \_\_\_\_\_

If single, do you expect to be married before or during the school year? \_\_\_\_\_

Do you have the recommendation of your Charge Conference? \_\_\_\_\_

What is the name and district of your District Superintendent? \_\_\_\_\_

Have you met with him or her? \_\_\_\_\_ Have you met with the District Committee on Ordained

Ministry? \_\_\_\_\_ When did you meet with that committee? \_\_\_\_\_

Do you intend to serve as a pastor/clergy person in the New York Annual Conference? \_\_\_\_\_

Where did you do your undergraduate studies? \_\_\_\_\_

Degree and year of graduation? \_\_\_\_\_

What seminary will you be attending? \_\_\_\_\_

Will you be a full time student? \_\_\_\_\_ Hours per semester? \_\_\_\_\_

Candidate for which degree? \_\_\_\_\_ Year of expected graduation? \_\_\_\_\_

Academic average, last school year? \_\_\_\_\_

For which semester are you requesting assistance: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Do you plan to live on campus? \_\_\_\_\_ Commute? \_\_\_\_\_

**II. OTHER POSSIBLE FINANCIAL AID**

How much can your parents or family contribute next year? \_\_\_\_\_

How much can your home church contribute towards expenses? \_\_\_\_\_

How much can you borrow towards your expenses next year? \_\_\_\_\_

Have you investigated: 1) Methodist Student Loan Fund? \_\_\_\_\_ Seminary financial aid? \_\_\_\_\_

For what amount of financial aid for MEF, are you applying? \_\_\_\_\_

**III. Assets:**

Real Estate \_\_\_\_\_  
Savings \_\_\_\_\_  
Securities \_\_\_\_\_  
Automobile(s) \_\_\_\_\_  
Other Assets \_\_\_\_\_  
Other Assets \_\_\_\_\_

TOTAL ASSETS: \_\_\_\_\_

**IV. Liabilities:**

Methodist Loan Fund \_\_\_\_\_  
Church or Conference \_\_\_\_\_  
Finance Company \_\_\_\_\_  
Bank \_\_\_\_\_  
Other Liabilities \_\_\_\_\_  
Other Liabilities \_\_\_\_\_

TOTAL LIABILITIES -----

**V. ESTIMATED INCOME:**

Church \_\_\_\_\_  
    Position \_\_\_\_\_  
    Salary \_\_\_\_\_  
    Travel Allowance \_\_\_\_\_  
    Other \_\_\_\_\_  
Non-church job \_\_\_\_\_  
    Salary \_\_\_\_\_  
    Other \_\_\_\_\_  
Does spouse Plan to Work? \_\_\_\_\_  
    Salary \_\_\_\_\_  
Summer employment? \_\_\_\_\_  
    Self \_\_\_\_\_  
    Spouse \_\_\_\_\_  
Scholarship(s) \_\_\_\_\_  
Other income sources \_\_\_\_\_  
Other income sources \_\_\_\_\_  
Home church and \_\_\_\_\_

ESTIMATED TOTAL INCOME \_\_\_\_\_

**VI. ESTIMATED EXPENSES:**

Tuition and Fees \_\_\_\_\_  
Books and Supplies \_\_\_\_\_  
Housing \_\_\_\_\_  
Fuel \_\_\_\_\_  
Utilities \_\_\_\_\_  
Food \_\_\_\_\_  
Clothing \_\_\_\_\_  
Medical Expense \_\_\_\_\_  
Health Expenses \_\_\_\_\_  
Life insurance \_\_\_\_\_  
Income Taxes \_\_\_\_\_  
Social Security \_\_\_\_\_  
Travel \_\_\_\_\_  
Car Insurance \_\_\_\_\_  
Gift/Tithes \_\_\_\_\_  
Recreation \_\_\_\_\_  
Other \_\_\_\_\_

ESTIMATED TOTAL EXPENSES \_\_\_\_\_

Comments/Ordained Clergy Career Objectives within the NYAC: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby declare that, to the best of my knowledge and belief, the above information is true, correct, and complete

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_