



**Deadline: June 30, 2020**

**Scholarship Application Checklist  
2020 - 2021 Academic Year**

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**REQUIRED FOR ALL SCHOLARSHIPS:**

- Application Form
- One-page Call to Ministry Statement
- Current academic transcript
- Brief narrative and/or documentation supporting financial need
- Two letters of recommendation (*see below for exceptions*)
- For scholarships available to first-year seminary students, include copy of acceptance letter to seminary

**Required for the Baldwin F. and Amy L. Kruse Scholarship:**

- Current resume
- Must provide a total of three letters of recommendation

**Required for the Ben & Martha Simmons Scholarship and the Floma Taylor Ministerial Scholarship:**

- Must provide a total of three letters of recommendation

**Required for the Tither's Scholarship:**

- Financial eligibility information from the parents regarding tithing history (*first-year only*)
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Application and supporting documentation must be returned to the Nebraska United Methodist Foundation and postmarked by:

**June 30, 2020**

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Mail to the following address:  
Nebraska United Methodist Foundation  
Attention: Matt Fowler, Director of Stewardship  
100 W Fletcher Ave Ste 100  
Lincoln, NE 68521

***For Foundation Use Only***

Date Received: \_\_\_\_\_



Deadline: June 30, 2020

### Scholarship Application 2020-2021 Academic Year

After careful review of the Scholarship Guidelines, please check the scholarships for which you are applying and return only one application.

- Albert R. Murdoch Ministerial Scholarship
- Alice Kruse Ministerial Scholarship
- Alice Kruse Seminary Scholarship
- Alva Clark Seminary Scholarship
- Andrew & Nevabelle Howe Scholarship
- Baldwin F. & Amy L. Kruse Scholarship
- Ben & Martha Simmons Scholarship
- Charles & Marilyn Humphrey Seminary Scholarship
- Cowles United Methodist Church Memorial Scholarship
- Floma Taylor Ministerial Scholarship
- Harlan & Mabelle Wyrick Memorial Scholarship
- Murdock Ebenezer UMC Professional Church Leader Scholarship
- Myrtle E. Williams Seminary Scholarship
- Scahill Family Scholarship
- Verl & Sylvia Miller Memorial Scholarship
- Tither's Scholarship
- Women in Ministry Scholarship

**Will you be a:**

- New student
- Continuing student
- Returning student from Inactive Status

**Personal Information**

<b>First Name</b>		<b>Last Name</b>		
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Phone Number</b>	<b>Email Address</b>		<b>Date of Birth</b>	

**General Information**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| ▪ Are you a certified candidate for ministry in the Great Plains Conference?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Are you a member of a Nebraska United Methodist Church?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, which church? _____   |                          |                          |
| ▪ Are you a current pastor or do you plan to become a pastor in the Great Plains Conference?    | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Do you have an ordained ministry mentor?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, who is your mentor? _____   |                          |                          |
| ▪ Have you ever been convicted of a felony? (If yes, please explain on another sheet of paper.) | <input type="checkbox"/> | <input type="checkbox"/> |

**Education:** Please use a separate sheet of paper if needed.      **Student ID #: (if applicable)** \_\_\_\_\_

Name & Location required for all. Please include <u>full address</u> of current school.		Start Date	Graduation Date (or expected date)	Cumulative GPA
High School				
College				
Seminary				

**Employment History:** Please include the previous 5 years; use a separate sheet of paper if needed.

Date: Month & Year	Name of Employer	Salary	Job Title	Duties
From				
To				
From				
To				
From				
To				

**Financial Information:** Please list other scholarships, grants-in-aid, and/or financial assistance you are now receiving or for which you have made application.

Type of Financial Aid	Source	Amount	Check if Received	Check if In Application

**Letters of Recommendation:** Please provide the information below for those you have asked as a reference.

Name	E-mail Address	Phone Number

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*