

June And Bernard Hess Seminary Scholarship Endowment Fund

All applications and required documentation must be postmarked by March 15. Late or incomplete applications cannot be accepted by the Foundation so please follow all application requirements carefully.

Requirements:

Recipient is eligible to receive a scholarship throughout her/his seminary career, but must reapply each year.

Applicant must be enrolled in a course of study leading to graduate or professional level degree at an approved United Methodist seminary.

Applicant must be a member of an Iowa United Methodist Church.

Applicant must be preparing for ministry in the local church.

Applicant must provide transcript to date.

Applicant must submit Financial Need Analysis, or FAFSA/IRS Tax return.

Applicant must demonstrate financial need.

Three letters of recommendation required:

Pastor

School Counselor/Advisor

Community Leader, i.e. employer, teacher, etc.

Personal:

Name: _____

Permanent Address: _____

City, State, Zip: _____

Email: _____ Birth date: _____ Home Phone: _____

US Citizen: _____ If No, Where? _____ Marital Status: _____

Dependent Children: _____ Ages: _____

Church Affiliation:

Church Name: _____ How Long? _____

My Pastor's/District Superintendent's signature below verifies my membership and/or that I have been nominated by my church's Ad. Board Council.

Name: _____ Signature: _____

District: _____ Church Address: _____

City, State, Zip: _____ County: _____

Education:

College Graduation Date: _____ GPA: _____ Degree: _____

Seminary Name: _____

Planned Seminary Enrollment Date: _____

Area of Study: _____ Type of Degree Sought: _____

Accepted? _____ Full Time? _____ Attending Full Year? _____

If No, Please Explain _____

Vocation:

What career are you preparing for? (If undecided list top three choices)

Activities and Interests:

Statement of Applicant:

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

Signature: _____ Date: _____

Submit application and all required materials by March 15th to:

Iowa United Methodist Foundation
2301 Rittenhouse Street
Des Moines, IA 50321

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Financial Need Analysis
(From most recent tax return)

Dependant Student (use parents income)

Mother's Name: _____

Father's Name: _____

Independent Student: (use own income, if married include spouse)

Total household annual income before taxes: _____

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

Number of children claimed as dependants (include self if applicable): _____

Number of dependants in college next year: _____

Medical and dental expenses not paid by insurance: _____

Emergency Expenses (Flood damage, etc.) _____

Total value of bank accounts and other investments (stocks/bonds, etc.) _____

Amount of scholarships and other financial aid already received: _____

Anticipated educational expenses (fees, tuition, books, room, board, etc) _____

Will it be necessary to borrow to cover your expenses? _____

Additional people dependant on persons income:

Unusual circumstances?

Statement of Applicant:

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

Signature: _____ Date: _____