

# SCHOLARSHIP AND FINANCIAL AID POLICIES

1. The Board of Ordained Ministry, through its Financial Officer, shall be the administer of funds designated for scholarships and financial aid.
2. Persons who are certified candidates by their District Committee on Ordained Ministry in the Desert Southwest Annual Conference and seeking ordination or commissioning shall be eligible to receive aid.
3. The following types of scholarships and financial aid may be granted as funds permit:
  - a) An annual grant for books and supplies
  - b) Scholarships or financial aid on the basis of need as determined by the Board of Ordained Ministry. Maximum grants per calendar year shall not exceed\$ 4,000 for full-time candidates for ordained ministry. This will be paid at the rate of \$160 per credit hour per semester or quarter.
  - c) Emergency living expenses on the basis of need as determined by Board of Ordained Ministry.
  - d) All forms of help from the Desert Southwest Conference will not exceed \$12,000 per student for all seminary years.
4. The Board of Ordained Ministry requires that all requests be made in writing on a form provided by the Financial Officer for the Board of Ordained Ministry.
5. The Board of Ordained Ministry shall approve this request prior to any financial commitments being made. No discretion to make such commitment is given to any member of the Board of Ordained Ministry. The Executive Committee of the Board may approve requests between regular meetings of the full Board of Ordained Ministry.
6. For those seeking ordination, such aid will be regarded as an interest free loan until such recipient has completed three (3) years of full time service under a District Superintendent in the Desert Southwest Annual Conference at which time the aid becomes a grant. If one does not complete the three (3) years, the loan becomes payable at a rate equal to the national prime rate (the prime rate that is effective at time of converting this agreement into a loan plus 1%. A payback schedule will be worked out between the Board of Ordained Ministry and the person who has incurred the loan.
7. Scholarship or financial aid shall be sent directly to the educational institution on behalf of the recipient, unless otherwise instructed by the Board of Ordained Ministry.
8. Evidence of financial aid is a requirement.

## AGREEMENT WITH APPLICANT

I have read and understand these scholarship and financial aid policies of the Desert Southwest Annual Conference Board of Ordained Ministry. If a scholarship or financial aid is granted to me, I will accept the conditions for possible repayment as outlined above.

Signed \_\_\_\_\_  
signature of applicant dated this day:

Return to \_\_\_\_\_ Questions: 623-932-3480 E-mail: pastor@myccumc.com

**Rev. Duane Combs, BOOM Financial Officer**  
**12825 W. Segovia Dr.**  
**Litchfield Park, AZ 85340-5179**

## BOARD OF MINISTRY OFFICE USE

Application Requested: \_\_\_\_\_ Application Received by BOOM Treasurer \_\_\_\_\_

### NOTIFICATION

Type of aid granted by BOOM	Dates BOOM Treasurer	Conf. Treasurer	Applicant
_____ \$ _____	_____	_____	_____
_____ \$ _____	_____	_____	_____
Totals:\$ _____			

**BOARD OF ORDAINED MINISTRY**  
**DESERT SOUTHWEST ANNUAL CONFERENCE**  
**THE UNITED METHODIST CHURCH**  
**SCHOLARSHIP AND FINANCIAL AID APPLICATION**

Today's Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security Number: [ ]-[ ]-[ ]  
 Conference Status: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Professional Objective: \_\_\_\_\_ Seeking: Ordination  Commissioning

Current Local Church Membership: \_\_\_\_\_  
 Single  Married  Divorced  If Married Spouse's Name \_\_\_\_\_  
 Children at home? No  Yes  (if yes, how many \_\_\_\_\_ ages \_\_\_\_\_)

Financial Aid from all sources in the past 12 months:	\$ [ ]	List:
Total Indebtedness now:	\$ [ ]	
Anticipated Income from all sources for this coming year:	\$ [ ]	List:
Anticipated Financial Expenses this coming year:	\$ [ ]	
<i>If more space is needed attach an additional sheet</i>		

What is your classification in school this year? \_\_\_\_\_ (first year, senior, etc)  
 Is your seminary/school on a) Quarters  or b) Semesters  (check one)  
 Please list credit hours (per semester or quarter) you anticipate taking this coming year:

[Actual Dates]	<b>Fall</b>	<b>Winter</b>	<b>Spring</b>	<b>Summer</b>
a) Quarter hours:	[ ]	[ ]	[ ]	[ ]
b) Semester hours:	[ ]	[ ]	[ ]	[ ]

What is your Grade Point Average?  
 [ ]

**Certification of Financial Aid Officer of Seminary/School**

This applicant is enrolled full time and qualifies for financial aid on the basis of need and scholastic ability.

Name of Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ *signed by Financial Aid Officer* \_\_\_\_\_ *Dated*

Print Name: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_