



SCHOLARSHIP FUNDING APPLICATION

SECTION 1: OVERVIEW

Applicant Qualifications:

- Request must be related scholarships for attending seminary or professional training events for people upgrading their skills or preparing for ministries with Deaf, late-deafened, hard of hearing, and/or deaf-blind people.
- Requests should cover no more than a 12 month period, but the request may be renewed up to three years. Under certain circumstances, and at the discretion of the Committee, extensions of the time limit can be ordered.
- Individuals must have a relationship with a local UMC congregation, District or Annual Conference.
- As a general rule, no annual grant shall exceed \$5,000. Exceptions are at the discretion of the Committee. The applicant must show other sources of income for the ministry, project, or scholarship request.

Reporting Requirements:

- Final narrative report, including financial report for projects, due 30 days post-approved funding period. Reporting templates provided upon approval of funding.

Program Consideration:

As a program of the United Methodist Church, the United Methodist Committee on Ministries with Deaf, Late-Deafened, Hard of Hearing, and Deaf-Blind People trusts that the recipient will act in accordance with the disciplinary mandate, which states that “these ministries shall be administered in the spirit of Jesus Christ and advance the dignity of persons without regard to religion, race, nationality or sex, and shall enhance the quality of life in the human community.”

Required Submission with the application

Applications must be signed and dated (see page 3) and/or official e-mail notification sent by authorizing personnel.	
Attach a copy of your education budget (refer to SECTION 4)	
Letter of reference from 2-3 individuals (can include academic advisor) that can attest to your academic achievement and potential for ministry with Deaf, late deafened, hard of hearing, and Deaf blind people. Letters should emailed to jyoung@gbgm-umc.org directly or as a forward to indicate that the original sender was not the applicant. All emails should clearly indicate the scholarship applicant's name	

Submitting an Application

Email, Mail or Fax to: UMCOR Health c/o Joan Young; 475 Riverside Drive Room 330, New York, NY 10115; Phone: 212 870-3871 Fax: 212 870-3624
Email: jyoung@gbgm-umc.org

Receipt of applications will be acknowledged via email. All funding decisions are made by the United Methodist Committee on Ministries with Deaf, Late-Deafened, Hard of Hearing, and Deaf-Blind People. Applications are received during January 1-March 31 of each year with a response provided by April 15.

SECTION 2: APPLICANT INFORMATION

Date of Submission		Total \$ Requested	
Applicant Name		Email Address	
Address <i>Street Address</i> <i>City, State Zip code</i>			
Phone Number/TTY		Fax Number	
Church Information			
Church Name <i>Where membership is held</i>			
Pastor/Director Name		Email Address	
Address <i>Street Address</i> <i>City, State Zip code</i>			
Phone Number		Fax Number	
Annual Conference		District	
Are you a candidate for ordained ministry?		If yes, in what stage are you?	
School or Training Information			
School, Workshop or Seminar Name			
Start Date		Expected Completion Date	
If college or university, what degree program?			
If college or university, who provides supervision? <i>Indicate Name</i>		Email Address	
Address <i>Street Address</i> <i>City, State Zip code</i>			
Phone Number		Fax Number	

SECTION 3: PERSONAL DESCRIPTION (No more than 2 ½ pages)

1. MOTIVATIONS AND INTEREST:

Share your motivations and interests for pursuing this academic training.

2. EQUIPPING FOR MINISTRY

How do you see yourself being equipped for ministry with Deaf, Late-deafened, Hard of Hearing and Deaf Blind People? Summarize your long term goals for ministry Deaf, Late-deafened, Hard of Hearing, and Deaf Blind people

3. SCHOLARSHIP GOALS:

What do you expect to accomplish within the period covered for this scholarship application?

4. SAFE SANCTUARIES:

If your ministry includes work with minors, elders, persons with disabilities with make them vulnerable, do you have Safe Sanctuary training? If yes, when and where did you train?

SECTION 4: FUNDING REQUEST INFORMATION

<p>Total Expenses for your Education, Seminar or Training <i>Attach a copy of the budget</i></p>		<p>Total \$ Requested</p>	
<p>Identify other funding sources and amount <i>I.e. grants, sponsors, personal and parental contributions</i></p>			
<p>Identify previous funding, if any, received from Committee or other UMC source <i>Identify source, date and amount</i></p>			
<p>Identify purpose of funding <i>Tuition, room and board, books, etc.</i></p>			
<p>By what dates are these funds needed?</p>			
<p>If grant is wholly or partially approved, to what institution and address should the check be sent?</p>			

SECTION 5: SIGNATURE AUTHORIZING SUBMISSION OF APPLICATION

Signature of Applicant:

Date: