

**APPLICATION FOR MINISTERIAL SCHOLARSHIP AID**  
Ohio Conference of Mennonite Church USA

DATE

NAME

HOME ADDRESS

HOME CONGREGATION

SCHOOL NAME

SCHOOL ADDRESS

NAME OF COURSE

WHEN TAKING COURSE

1. Describe your plans with regard to pastoral ministry or other church service to which you feel called or have been called.
  
2. How did you make your choice of school or training experience and do you plan to complete your training there? If not, where would you transfer and when?
  
3. Describe your proposed course of study including the number of credit hours to be taken. For example: CPE, MRE, MA, MDiv, DMin, etc.
  
4. What responsibility in the church do you presently carry and what service assignment will be involved in your training?
  
5. To what extent have you shared your conviction for training and service with your local congregation? What has been their response to you?
  
6. Describe the nature of your financial need--your tuition, housing, travel, etc.

- 7. What amount are you requesting from Ohio Conference? (See policy) \$
  
- 8. Additional comments that would be helpful to the Credentialing Ministry as it considers your request for financial aid.

APPLICANT'S SIGNATURE

PASTOR'S SIGNATURE

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RETURN TO: [LaVerne@uakron.edu](mailto:LaVerne@uakron.edu)

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FOR COMMISSION USE ONLY

Date Received \_\_\_\_\_ Date Approved

Approved by \_\_\_\_\_ Amount Granted