## OHIO CONFERENCE UNITED CHURCH OF CHRIST MINISTERIAL STUDENT FUND APPLICATION

This application is to be filled out in triplicate. Two copies are to be forwarded to the Committee on Church and Ministry of your Association. The applicant will keep one copy.

Before filling out this questionnaire, the applicant should be familiar with the Guidelines and Procedures governing the Ministerial Student Fund. This application in the amount (s) awarded by the Ohio Conference and the respective Associations will serve as a note. The applicant's signature to this application indicates agreement to these conditions. This note is without a time limit and is non-interest-bearing. It will be canceled and surrendered after maker (applicant) has served five years in the service of the United Church of Christ or the Christian Church/Disciples of Christ, or in the death of the maker prior to the end of that period. In the event that the service clause is not fulfilled, a proportionate percentage of the loan will be canceled, the balance being due with an interest rate of 6% per annum from date of making.

Do you agree to fulfill th	ese conditions?	Date of A	pplication:	
If so, SIGN IN FULL				
PLEASE ANSWER EAG	CH OUESTION (type	print or write legibly	<i>i</i> ):	
1. Name:				
2. Address at home:				
Stre	et Ci	ty	State	Zip
At Seminary:				
Street	Ci	ty	State	Zip
Home Phone:		Seminary or oth	ner phone number:	
E-mail:				
3. Date of Birth:		Social Sec	curity Number:	
4. Home Church (name a	and complete mailing a	ddress):		
Pastor:				
5. In-Care Status:				
(Association and/or Conf	ference, and date receiv	ved in-care)		
6. Are you married?		Name of spouse:		
Names and Ages of Ch	ildren:			
7. Seminary:				
Name	Address	City	State	e Zip
8 Junior	Middler		Senior _	Other
9. Have you received a p	revious loan from the C	Conference and/or A	ssociation?	
Year (s)				
. ,				

## ESTIMATED INCOME for twelve months for which loan is requested:

10. A. Anticipated balance from earning during summer vacation	\$
B. Anticipated balance from earnings during the current school year	\$
11. Estimated earning during coming school year	\$
12. Expected support from parents or relatives	\$
13. Total financial support expected from spouse	\$
14. Grant in aid from seminary	\$
15. Scholarships from other sources	\$
16. Assistance from local church	\$
17. Assistance from Association or Conference	\$
18. Other income (property, investments, gifts)	\$
TOTAL INCOME (not including any estimated grant from this application)	\$

## ESTIMATED ESPENSES for twelve months for which loan is requested:

19. Tuition			\$
20. Rent/Room/mortgage			\$
21. Books	\$		
22. School fees (materials, medical,	\$		
23. Food			\$
24. Clothing			\$
25. Laundry			
26. Utilities			\$
27. Hospitalization insurance			\$
28. Medical (including spouse and children) not covered by hospitalization			\$
29. Life Insurance			\$
30 Auto expenses (as required):	Monthly L	oan payment X 12 \$	
	Gas, oil, e		
	Repairs	\$	
	Auto insur		
		Total auto expenses	\$
31. Travel expenses other than auto		\$	
32. Contributions to churches and charities			\$
33. Other major expenses, if any, Please list:			\$
			\$
			\$
34. Miscellaneous			\$
TOTAL EXPENSES	\$		

<b>35.</b> ]	Deficit (	or b	alance]	)	\$	
--------------	-----------	------	---------	---	----	--

36. From what other sources other than the Ohio Conference, your Association, and seminary do you expect to obtain additional funds if needed and how much do you anticipate?
37. What is your current educational indebtedness? To who is it owed?
38. A one page narrative is <b>REQUIRED</b> describing your situation and defining any unusual circumstance or need, or any other information that could assist in evaluating your situation for your application to be considered.
I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
38. Signature of applicant:
This application must be returned before June 2, 2014 to:
Eastern Ohio UCC Church and Ministry Discernment of Call Working Group 960 Portage Trail Cuyahoga Falls OH 44221 or scan and email it to Sharon Alberson at sharonalberson@sbcglobal.net
FOR OFFICE USE :
RECOMMENDATIONS OF COMMITTEE ON CHURCH AND MINISTRY
Amount Approved: \$
Comments:
Signature of Chairperson: