

**TO:** Divinity

**DIVINITY SCHOLARSHIP  
For Full-Time Christian Ministry**

**Offered By  
Centennial United Methodist Church Foundation**

**Application for Scholarship**

**Submit by November 1, 2016**

**PLEASE PRINT OR TYPE:**

1. Applicant \_\_\_\_\_  
  (Last)  (First)  (Middle)

2. Single \_\_\_\_\_ Married \_\_\_\_\_ Date of Birth \_\_\_\_\_

3. Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
  (Street, City, State, Zip)

4. E-mail Address \_\_\_\_\_

5. Number of Dependents (including yourself) \_\_\_\_\_

6. Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_  
  (Street, City, State, Zip)

7. Name of Seminary or Graduate School in which scholarship will be used:  
\_\_\_\_\_  
  (Name)  (Location)

Have you been admitted to this school? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Entry Date into Seminary or Graduate School \_\_\_\_\_

9. Expected Graduation Date \_\_\_\_\_  
  (Month, Year)

10. Degree(s) Sought \_\_\_\_\_ Intended Vocation \_\_\_\_\_

11. Seminary Level Fall 2016 academic year \_\_\_\_\_

12. If now attending another college, give name and location \_\_\_\_\_

13. List colleges or schools previously attended and degrees received, if any:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Name and address of church where you are a member \_\_\_\_\_  
History of church activity \_\_\_\_\_  
Pastor name and phone number \_\_\_\_\_

15. What is your relationship to the Minnesota Annual Conference? Please check one.

Inquiring Candidate

Exploring Candidate

Declared Candidate for Licensing or Ordination

Certified Candidate

Other (Explain) \_\_\_\_\_

16. Are you presently employed? \_\_\_\_\_ If so, who is your present employer?

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