



**Upper New York Annual Conference
The United Methodist Church
Board of Ordained Ministry
Doctoral Scholarship Program**

BASIS:

The basis for all grants is demonstrated financial need.

ELIGIBILITY:

Scholarship help is extended to clergy persons enrolled in a DMin. or PhD program at an accredited school as the Board of Ordained Ministry budget allows.

GRANT PERIOD:

Grants are made for the academic year, September through May or June. **REAPPLICATION MUST BE MADE EACH YEAR; IT IS THE RESPONSIBILITY OF THE APPLICANT TO OBTAIN THE FORM and TO REAPPLY.**

APPLICATION DEADLINES:

Except in special cases, applications for an educational grant beginning with the fall semester must be received by the Board of Ordained Ministry on or before **June 30 of each year.**

GRANT PAYMENTS:

One check, payable jointly to the student and the school, will be mailed to the student.

GRANT APPLICATION PROCEDURE:

1. Forms will be available to download from the Upper New York Website BOM page.
2. Read the educational grant policy information carefully.
3. Complete the grant application in full. Complete the ESTIMATE OF EXPENSES and FINANCIAL RESOURCES in detail, showing all expenses and all resources, not just academic costs. Incomplete applications will be returned to the applicant.
4. The applicant should send the completed application to the Board of Ordained Ministry as listed below.

SCHOLARSHIP PROGRAMS

Upper New York Seminary Grants:

Scholarship Aid for Doctoral Students is offered at the rate of \$500 per semester up to a total of \$3000 per degree program.



**Upper New York Annual Conference
The United Methodist Church
Board of Ordained Ministry**

Application for Doctoral Studies Grant

Name (Last, First, Middle) _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-mail address(es) _____

Current appointment _____

Educational Institution _____

Degree program in which you will be enrolled _____

Date program term/module begins _____

What is the total amount you received previously from this Grant Program? _____

Estimate of Expenses for the coming academic year (9 months)

Tuition and Fees	\$ _____
Books and Supplies	\$ _____
Food	\$ _____
Housing	\$ _____
Travel to/from school	\$ _____
<u>Other</u> _____	\$ _____
TOTAL EXPENSES	\$ _____

Other financial assistance you expect to receive, such as loans, scholarships, etc.

Unmet financial need for the coming academic year _____

Please use the space below to elaborate any of your answers or to bring to the attention of the grants committee any special financial circumstances which you feel will be helpful for us to know as we consider your application.

Because of the financial need shown above, I hereby apply for a grant from the Upper New York Conference of the United Methodist Church. If awarded, the grant will be applied toward my educational expenses as outlined above.

Signature _____ Date _____

PLEASE RETURN COMPLETED FORM(S) TO:

Board of Ordained Ministry
PO Box 207
Washington Mills, NY 13479
phone: 315-898-2091 email: candidacy@unyumc.org

On or before June 30