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(Street, City,	PhonePhone	
4.	(Street, City, State, Zip) E-mail Address		
5.	. Number of Dependents (including yourself)		
6.	. Permanent Address Phone Phone		
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, Y		

10.

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?