



# EMORY UNIVERSITY

## *United Methodist Ministerial Scholarship Application 2011-2012*

Emory University  
Office of Financial Aid  
200 Dowman Drive, Suite 300  
Atlanta, GA 30322

Phone: 404.727-6039  
Fax: 404.727-6709  
Email: [finaid@emory.edu](mailto:finaid@emory.edu)

<b>Student's Name:</b>	<b>Emory ID (EMPL):</b>
<b>Last 4 Digits of Student SSN (if ID Number Unknown):</b> XXX - XX - _____	<b>Semester and Year of Enrollment (circle one):</b> Fall 2011   Spring 2012   Year 2011-12   Summer 2012

**STUDENT INFORMATION AND SCHOLARSHIP QUALIFICATION** Undergraduate dependent children of United Methodist Ministers may receive a 45% tuition scholarship. The tuition benefit will appear as a credit on your student account after the form is processed by the Office of Financial Aid. Please complete and return this form, and do not leave any sections blank. This form must be renewed annually and the Office of Financial Aid may verify eligibility.

School or Program	
Current Year/Level in School	
Basis for Ministerial Scholarship eligibility (check one)	<input type="checkbox"/> Active United Methodist Minister's Child <input type="checkbox"/> Diaconal Minister's child <input type="checkbox"/> Resident on a Methodist children's home <input type="checkbox"/> Child of a full-time active United Methodist Missionary or Missionary on leave
List the Annual Conference Journal and Page number on which the name of the qualifying minister appears	Conference Journal: _____ Page Number: _____ Church Contact Information: Name _____ Address: _____ State: _____ Zip: _____ Phone: _____

I certify that the information I am providing is true, complete, and correct to the best of my knowledge.

Minster's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_