

**MOUNT PISGAH UNITED METHODIST CHURCH
ELP SCHOLARSHIP FOUNDATION *REAPPLICATION*
2600 PISGAH CHURCH ROAD
GREENSBORO, NORTH CAROLINA 27408**

REQUEST FOR CONTINUING FINANCIAL ASSISTANCE

_____ NAME IN FULL _____

WE NEED A 5 X 7
PHOTO OF YOU ONLY,
SUITABLE FOR
USE IN THE
BROCHURE

MALE _____ FEMALE _____

DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____

HOME ADDRESS: _____

Street

City State Zip

Telephone Number Cell Number

e-mail address

Married _____ Single _____

If married, give name and occupation of spouse: _____

Please list dependents:

NAME

DATE OF BIRTH

Grade point average last year: _____

Name of college or university attending : _____

When will you receive your divinity degree? _____

Are you a student pastor? _____

Why do you feel you need financial assistance in the coming academic year? Please use a separate page to describe in detail.

Itemize your estimated family income and expenses for the academic year you are seeking assistance: Month _____ Year _____ to Month _____ Year _____.
Please use the form provided below.

<u>EXPENSES</u>	<u>RESOURCES</u>
Tithes and Offerings _____	Personal Savings _____
Tuition & Fees _____	Personal Earnings _____
Books _____	Spouse's Earnings _____
Food _____	Assistance from family _____
Housing _____	Social Security _____
Utilities _____	Veteran's Benefits _____
Insurance (Car, house, life) _____	Support from home church _____
Clothing _____	Other Resources _____
Medical Expenses (Insurance/Doctors) _____	Scholarships Applied For _____
Personal _____	_____
Recreation _____	Scholarships Granted _____
Travel Expenses _____	_____
Day Care _____	_____
Other _____	
Credit Card Pmts _____	
TOTAL EXPENSES: _____	TOTAL RESOURCES: _____
TOTAL AMOUNT REQUESTED FROM THE MOUNT PISGAH ELP SCHOLARSHIP FOUNDATION: _____	

What amount of personal savings will you be using? _____

What amount do you owe in student loans? _____

What amount do you owe in credit card debt? _____

To the best of my knowledge, the information provided herein is complete and correct.

Signature of applicant

Date

You may contact the following references:

Rev./Mr./Mrs. _____

Address: _____

Telephone: _____

Rev./Mr./Mrs. _____

Address: _____

Telephone: _____

Following the completion of my work in Seminary, I will support the Mount Pisgah United Methodist Church ELP Scholarship Foundation with my prayers, my gifts and my services, and I will attempt to encourage others to do the same.

Signature of applicant

Date

Please plan to attend the Sunday morning worship service on the Sunday following Easter. There will be a dinner immediately following the service at Mt. Pisgah. This event is held each year to honor Ernestine L. Penry and the students. The next banquet will be held on April 12, 2015. If you are a recipient, you may be asked to say a few words at the church service or banquet to encourage our contributors.

In order to receive any grants in a timely fashion, it is imperative that you keep the committee informed of your current address, telephone number and e-mail address at all times, during school and after graduation. Thank you very much for your cooperation in these matters.

REV: 02/2015