**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	. C'. C Z'.	<u></u>	_Phone	
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, Year)				
10.	Degree(s) Sought	Inter	nded Vocation		
11.	Seminary Level Fall 2016 academic year				
12.	2. If now attending another college, give name and location				
13.	3. List colleges or schools previously attended and degrees received, if any:				
14.	Name and address of church History of church activity				

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?				