

FRANKLIN J. SHERMAN SCHOLARSHIP

Application Form

Name: _____ Date: _____

Address: _____

Telephone: Home: (_____) _____ Work: (_____) _____

Email address: _____

Check the first item which applies to you:

_____ I am a member of the Jordan United Methodist Church

_____ I am a member of a church in the Crossroads District

_____ I am a member of a church in the Upper New York Conference

I am a member of _____ United Methodist Church.

Check one of the following:

_____ I am attending seminary to become a United Methodist Minister

_____ I am attending seminary to become a Minister of Christian Education in the
United Methodist Church

_____ I am attending seminary to become a Director of Christian Education in the
United Methodist Church

Plans for Ministry:

Seminary attending: _____

Number of years in seminary: _____

Number of credits: _____

Number of years until completion: _____

Statement of why Scholarship is needed:

Other Financial AID: _____

Estimated expenses for the current academic year \$ _____

Estimated amount of financial aid expected \$ _____

Send application to:
Jordan United Methodist Church
P.O. Box 916
Jordan, New York 13080
Or email to: jordanumc1@gmail.com