

# FRANKLIN J. SHERMAN SCHOLARSHIP

## Application Form (deadline 5/31/24)

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](mailto:jordanumc1@gmail.com)