

You are requested to mail your **completed** application inside **ONE** envelope. This one envelope should contain the following items and **must be RECEIVED, not postmarked, by NOVEMBER 30, 2012**



EDUCATIONAL PLANS

Are you currently a: Full-Time Student Part-Time Student Not in School

After **August 2013**, you will be in what year of your Master's or Doctoral studies?

First Year Second Year Third Year Other _____

L Ep 16 Wm St 16

BUDGET INFORMATION

Budget Guidelines

Please list estimated income and expenses for **ONE** academic year.

Please attach an official student expense budget produced by the school.

(The budget should reflect the student's expenses and not the expenses of the student's family members.)

Please pay careful attention to this section. Please be sure to give accurate and detailed expense information. IF YOU ARE SELECTED AS A RECIPIENT, IT IS VERY DIFFICULT TO CHANGE BUDGETS ONCE THEY HAVE BEEN APPROVED BY THE COMMITTEE.

<i>Estimated Expenses</i>	<i>1st Choice Institution</i>	<i>2nd Choice Institution</i>	<i>Estimated Income</i>	
Tuition:			Personal Savings that you can use for school:	
Fees:			Other Scholarships from:	1 st choice institution:
Books:				2 nd choice institution:
Room & Board:			Loans:	
Daily Transportation:			Gifts from parents/others:	

EDUCATIONAL HISTORY

Please list secondary schools and institutions of higher education attended, starting with most recent:

<i>Institution Name</i>	<i>Dates Attended</i>	<i>Type of Degree/ Certificate</i>	<i>Major</i>	<i>Grade Average</i>

CHURCH AND COMMUNITY LIFE

Check if you are Clergy Laity

Current church membership: United Methodist Other _____

Name of Church to which you belong: _____

Full Church address: _____

IMPORTANT: Full Annual Conference Name and Address: _____

NAME OF APPLICANT: _____
First Name Last Name (Family Name)

ESSAY

LAY CHURCH LEADER/PASTOR/BISHOP

NAME OF APPLICANT: _____
First Name

WORLD COMMUNION NATIONAL SCHOLARSHIP
(FORMERLY CRUSADE NATIONAL) RECOMMENDATION FORM

TEACHER/COUNSELOR/SCHOOL OFFICIAL

NAME OF APPLICANT: _____
First Name Last Name (Family Name)

Please give a confidential analysis of the applicant's character, intellectual ability, adaptability, and seriousness of purpose. Please state her/his strengths for the work for which she/he is making further preparation. What leadership qualities does the applicant exhibit that impress you?

Print Recommender's Name: _____

Position/Title/Church Name: _____

Address: _____

City, State, Zip, Country: _____

Telephone: _____ E-mail Address: _____

Length of time you have known applicant: _____

Signature: _____ Date: _____

To insure confidentiality, please place this reference in an envelope, seal it, and sign your name on top of the seal. Then return the envelope to the applicant. Recommendation letters may be emailed, as long as they come directly from the recommenders and are sent to: scholars@umcmission.org. Applicants will not be considered without a completed application, of which your recommendation is an important part. Thank you for taking the time for the applicant.

GENERAL BOARD OF GLOBAL MINISTRIES, THE UNITED METHODIST CHURCH
SCHOLARSHIP/LEADERSHIP DEVELOPMENT OFFICE, RM 333, 475 RIVERSIDE DR., NY, NY 10115 USA PHONE: 212-870-3787 FAX: 212-870-3932
E-MAIL: scholars@umcmission.org

PERSONAL REFERENCE/EMPLOYER

NAME OF APPLICANT: _____
First Name Last Name (Family Name)

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