The Reverend Raymond Lee "Ted" Hoagland Memorial Scholarship Fund

Application

Please PRINT or TYPE all of the information requested

Section 1: Identification Informati	on		
Social Security Number Term Applying		olying for	
Applicants Full Name:Last		T.	ACTIVITIES I
			Middle Initial
Present Address: Street / P.O. Box	City	State	Zip Code + 4
Home Telephone: ()		Work Teleph	one: ()
Mobile: ()	Email: _		
If you have a family please provide the n	ames of your spouse	and children currently living	ng with you:
Spouse:			
Child:		Child:	
Child:		Child:	
Section 2: Enrollment Information	ı		
Please provide the following information	regarding the colleg	e you completed or in which	h you are now enrolled:
Name of College:			
City:	State:		
(Circle One): Graduated Senior Ju	nior Sophomore	Freshman	
Please provide the following information	regarding the Semin	ary you plan to attend or a	re attending:
Name of Seminary:			
City:	State:		
(Circle One): Attending Plan to	Attend		
(Circle All Which Apply): Student of F	ull-time Status St	udent of Part-time Status	Student Conducting Coursework Onli

Section 3: Financial Need

Do you have a need for financi	ial assistance? (Circle One) Yes	s No	
Income Sources (Per Year):	Amounts	:	
Currently saved monies		_	
MEF support		_	
foundation support		_	
conference support			
seminary support			
Total Anticipated Income:			
Expenses (Per Year):			
Food			
Lodging			
Tuition			
Books			
Entertainment			
Transportation			
Other Expenses			
Total Anticipated Expenses:			
Estimated Need (Income- Ex	penses)		
Section 4: Other Financia	l Considerations		
Please complete if applicable:			
Student Loans	name	amount	status
	name	amount	status
Other			

Section 5: Service Part A: Please provide the following information regarding your calling: Do you feel you have been called by God into full time Christian Service? (Circle One) Yes No Please provide the review committee with any personal feelings you may have describing your calling and your goals in life. Please restrict your response to this page only.

art B: Have you initiated steps to become affiliated with the Alabama-West Florida Conference of the United Methodist nurch?
Tircle One) Yes No
ease comment and restrict your comments to this section only.
ection 6: Membership
ease provide the following information regarding the church of which you are a member:
ame of Church:
ty:Phone:
stor currently appointed:
ection 7: Applicant's Signature
sertify the above responses are true and accurate and understand that if I have been untruthful in any of my responses I will be eligible for assistance.
gnature:Date Submitted:
eadline: March 31 st (receipt of materials (this application form and copy of seminary transcripts))
ease forward the completed application form and a copy of your seminary transcripts to:
nrist United Methodist Church
o The Reverend Raymond Lee "Ted" Hoagland Memorial Scholarship Fund 01 Grelot Road obile, AL 36609