

**Application for Higher Education Scholarship
for Children of Deceased or Disabled Ministers**

PERSONAL INFORMATION		
Students Name (last, first, middle initial)	Date of birth (mm/dd/yr) / /	Name of deceased or disabled clergy parent
Address (number and street)	City/State/ZIP	
Telephone number (with area code) () -	E-mail address @	
CHURCH MEMBERSHIP		
Name/address of church of which you are a member		
Pastor's Name	Pastor's Telephone (with area code) () -	Pastor's E-mail address @
SCHOOL INFORMATION		
Name/address of school you will attend (please attach proof of enrollment)		Start Date (mm/dd/yr)
Degree program	Expected year of graduation	Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
FINANCIAL INFORMATION		
Tuition per semester	\$	
Room and board per semester	\$	
Books and supplies per semester	\$	
Other costs (i.e., transportation) per semester	\$	
Miscellaneous fees (Please Describe)	\$	
Will you receive any other scholarship(s) or financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the amount in the space provided at right.	\$	
STUDENT SIGNATURE		
Student signature	Date	
<i>When you have completed the application, please send it to your Conference Minister for review and endorsement. It is the student's responsibility to make sure the Conference Minister returns the form directly to the Pension Boards.</i>		
CONFERENCE ENDORSEMENT		
I hereby endorse this application for a Higher Education Scholarship.		
Student signature	Date	

Note to Conference Minister:

If you endorse this application for Higher Education Scholarship, please sign, date and return the form to the Pension Boards at the attention of Director of Ministerial Assistance at the address indicated below.

HES App 5-2019