North Georgia Conference of The United Methodist Church Board of Ordained Ministry, Ministerial Education Fund Grant Policies, Application, and Instructions for the Applicant

The purpose of the Ministerial Education Fund (2016 BOD ¶816) is to enable the Church to unify and expand its program of financial support for the recruitment and education of ordained and diaconal ministers and to equip the annual conference to meet increased demands in this area: Relieving some of the pressure of limited means, where such pressure may well prevent a ministerial candidate from obtaining the necessary education and by reducing the necessity for too much employment while in school thus allowing more time for study.

A. Directions for Applying for the Ministerial Education Fund:

- You must attend a school with accreditation by one of the following agencies: undergraduate
 institution must be accredited by <u>Southern Association of Colleges and Schools Commission on
 Colleges</u>, and a seminary must be approved by the <u>University Senate</u>. Any questions concerning this
 should be referred to The Center for Clergy Excellence (CCE).
- Applicants complete the entire application and distribute the required pages to the District Superintendent (pg. 4) and to the Registrar's Office (pg. 5) of the college, university, or seminary they are attending. Be sure to sign pages 4 and 5 before distributing to the appropriate person to authorize the release of information. Applicant will directly submit their portion of the application (pg. 2-3) to CCE. At the end of each academic year students will **submit a copy of their transcripts** to CCE. This can be an unofficial transcript but must show hours completed and grades received.
- The District Superintendent completes page 4 of the application and submits it directly to The Center for Clergy Excellence.
- The **Registrar's Office** completes page 5 of the application and submits it directly to The Center for Clergy Excellence. The Registrar's Office must complete this as a verification of your enrollment.
- A completed application is required each semester the student is enrolled. Completed means the applicant's pages, the district page, and the school registrar's page are submitted for each academic semester by the appropriate deadline to the CCE. Late applications will not be accepted.

Applications Deadlines:

Fall Term (Aug-Dec):

Winter/Spring Terms (Jan-Apr):

Summer Term (May-July):

August 1

November 15

April 15

B. Ministerial Education Funds are available for the following:

- Certified Candidates and Licensed Local Pastors completing undergraduate and/or a seminary degree
- All students are required to maintain a "C" average in college, university, or seminary classes to continue to receiving funding.

C. The Ministerial Education Fund Committee shall consider grants as follows:

- Seminary: up to \$3,000 per semester based on registered credit hours (\$250 per hour)
- Undergraduate degrees: \$1,000 per semester for full-time students
- The lifetime maximum any applicant may receive for college and seminary shall be \$28,000
- **D.** Funding Process: MEF checks are sent directly to the schools as quickly as possible following the deadlines. CCE will communicate when checks have been sent as well as award amounts. We encourage all students to stay in communication with CCE regarding the receipt and completed of the application and the award of the grant.
- E. **Questions?** All MEF Applications will be processed by The Center for Clergy Excellence. All materials should be submitted to CCE via email and all questions regarding MEF can be emailed to MEFApplication@ngumc.org. CCE is located at the North Georgia Conference Office, 1700 Century Circle SE, Ste. 100, Atlanta, GA 30345. We can be reached by phone at 678.533.1369.

North Georgia Conference of The United Methodist Church <u>Ministerial Education Fund Grant Application</u>

1. PERSONAL INFORMATION (please print/type):

Name						
_	Last Name	First Last	Middle N	ате	Preferred N	Name
Address						
City			State		Z	Zip
Home #			Cell #			
Email						
•			in grant funding ip funding or elig	-	=	ving information – these
Date of Birth:		Gender:		_ Ethnic	ity:	
2. CERTIF	ICATION	and EDU	CATIONAL I	NFOR	MATION	
I am seeking:	• O Deacon	O Elder	OLocal Pastor	•	Associate Mem	bership
Certification Date					District Nar	ne
District Superintendent					Phone	
School You A	Are Attending					
Year In Colle	ge/Seminary	O 1st	O 2nd O 3n	d C	4th Oth	er
Semester	O Fall		O Winter	C	Spring	O Summer
Anticipated I	Date of Gradua	ation				
Seeking which	ch degree?					
3. REFERI	ENCE AND	RECOM	MENDATIO!	NS		
Senior Pastor					Phone	
Email Address	5					
Church Name						
& Address	Name & Street Address			City	State	Zip Code
Family Member	er				Phone	
Email Address	5					
Mailing Addre						
9 1 1001		Street Address		City	State	Zip Code

4. PLEDGES OF THE APPLICANT

- **A.** "If this Grant is awarded, I will use it only toward necessary educational expenses. It is my understanding that I am to *serve at least five years* in full time service under appointment made by a United Methodist Church Bishop (BOD Par 816.1.a)."
- **B.** "I understand I am to apply each *semester* for the Ministerial Educational Grant, and I understand the deadline is clearly printed on the Guidelines which I have already received. I also understand it is my responsibility to have all sections completed before submitting the application to Center for Clergy Excellence (CCE). I further understand that if my application is not received by the deadline, I will not be considered for the current term. If I am concerned that there is some question, problem, issue, or complication, I will contact the CCE Office."
- C. "I have read and understand the Policies of the Ministerial Education Fund Committee of the Board of Ordained Ministry of the North Georgia Annual Conference. By signing below, I acknowledge that I accept the provisions of these policies and affirm my willingness to comply with the same."

Date Signed

Required Applicant Signature

Applicants full printed name

Direction for SUMBITTING MEF Application:

- Applicant Submits <u>pages 2-3</u> directly to The Center for Clergy Excellence
 - Email: <u>MEFapplication@ngumc.org</u>
 - o Fax: 678.533.1368
 - o Mailing Address: 1700 Century Circle SE, Ste. 100, Atlanta GA 30345
 - Questions Call the CCE Office 678.533.1369
- **Give your District Superintendent page 4 to complete and submit to CCE on your behalf**
 - Sign the form before giving it to the District Office
 - give the district a copy of completed pages 2-3 for their records
 - Let your DS office know you have already submitted pages 2-3 to CCE
- **Give your Registrar's Office page 5** to complete and submit to CCE on your behalf
 - Sign the form before giving it the Registrar's Office
 - Let you school know you have already submitted the other required pages

North Georgia Conference of The United Methodist Church <u>Ministerial Education Fund Grant Application</u>

District Superintendent Recommendation Form

APPLICANTS FULL NAME (please print/type):								
	"I hereby authorize(district) to release the above information to the North Georgia Annual Conference Board of Ordained Ministry"							
Rea	quired Applicant Signature			Date Signed				
	DISTRICT SUPERIN	NTE	NDENT MUST (COMPL	ETE THIS SECTION			
1.	•	ds in <u>your district office</u> verify that this Certified Candidate for ministry?			Certification Date:			
	(They have been approved by L	O	Deacon	O	Elder			
2.	This candidate is seeking:	O	Local Pastor	O	Associate Membership			
3. <u>Co</u>	Is this candidate in good star renewed at their next DCOM mments:	ndin	g with the DCOM and		· · · · · · · · · · · · · · · · · · ·			
District Superintendent Signature Date Signed		Date Signed	Printed Name					
Ad	dress	Street		City	State Zip Code			
Pho	one Number							
Em	ail Address							

Please submit this Form Directly to The Center for Clergy Excellence:

Email: MEFapplication@ngumc.org, Fax: 678.533.1368. Phone: 678.533.1369

North Georgia Conference of The United Methodist Church <u>Ministerial Education Fund Grant Application</u>

Seminary/College Recommendation Form

APPLICANTS FULL NAME (please print/type):								
"I hereby authorize(college/seminary) to release the above information to the North Georgia Annual Conference Board of Ordained Ministry"								
Required Applicant Signature	Date Signed							
SEMINARY/COLLEGE REGISTRAR MUST COMPLETE THIS SECTION								
1. Name of College or Seminary:								
2. Student Classification:								
O 1st Year O 2nd Year O 3rd Year O4th Ye	ar Other, Specify:							
3. Is this student's present academic record satisfactory?	O Yes O No							
4. What was the student's grade average last term?	On a scale of:							
5. What is the last date for enrollment/drop/add for applying semester?								
6. How many credit hours is the student registered to complete during the semester in which they are applying?								
Additional Comments:								
Date Signed Signature of Registrar	Printed Name							
Address								
Street	City State Zip Code							
Phone Number								
Email Address								

Please submit this Form Directly to The Center for Clergy Excellence:

Email: MEFapplication@ngumc.org, Fax: 678.533.1368. Phone: 678.533.1369