

**Ministerial Education Fund (MEF) Seminary Education Grant  
Application**

The Michigan Conference of the United Methodist Church

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**Part 1** *(To be completed by applicant.)*

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Certifying District \_\_\_\_\_

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**Part 2** *(To be completed by Seminary Registrar.)*

The above named student is enrolled at \_\_\_\_\_

Carrying \_\_\_\_\_ hours of classes for the \_\_\_\_\_ term.

*School Seal*

\_\_\_\_\_  
Signature of Seminary Registrar

\_\_\_\_\_  
Printed Name

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**Part 3** *(To be completed by the Seminary Financial Aid Officer.)*

From the above-named student's completed FAFSA or similar report, he/she has available resources from family, personal assets/investments, employment, scholarships, loans and grants (other than from this source) the amount of \$\_\_\_\_\_ for this 9-month academic year, 20\_\_\_\_. This student's budget for this same period is \$\_\_\_\_\_. He/she has a projected deficit/surplus of \$\_\_\_\_\_.

\_\_\_\_\_  
Financial Aid Officer Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

Pay to the Order of \_\_\_\_\_

Mailing Address \_\_\_\_\_

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Please return to: Debbie Stevenson, Coordinator Board of Ordained Ministry  
Michigan Conference  
1011 Northcrest Rd.  
Lansing, MI 48906  
(517) 347-4030  
[dstevenson@michiganumc.org](mailto:dstevenson@michiganumc.org)