

**Student Aid Program for Members in Discernment
Wisconsin Conference United Church of Christ
Application for Grant**

This application is to be filled out in triplicate. Send all three copies to the Division on Church and Ministry of your Association. *Up to \$1,000 will be granted for each academic year. Talk to your Associate Conference Minister if you have additional financial need.*

Date of application: _____ Academic year for which application is made: _____

Name: _____

Address at home: _____
City State Zip

Address at seminary: _____
City State Zip

Phone number: _____ E-mail: _____

Home Church: _____ Pastor: _____

In Care Status

Date received In Care: _____ Association: _____

Seminary: _____

Year plan to graduate

As of the fall semester, you will be a: _____ junior _____ middler _____ senior

List all other grants/scholarships you are receiving, including previous grants from the Wisconsin Conference. Include the amounts for each year and the total. Use the other side of this form, if needed.

Amount for which you are applying: _____

Recommendation of the Division on Church and Ministry

Amount of grant recommended: _____

Reasons for recommendation: _____

Signature of chairperson _____ Date _____

Grant: approved / denied

Amount: _____ Date: _____