



## Doctor of Ministry Scholarship Application

Complete this application and return to the United Methodist Foundation of Michigan:  
info@umfmichigan.org or  
3347 Eagle Run NE • Suite B • Grand Rapids, MI 49525

Name	
Address	
City/State/Zip	
Phone	Email
Name of Seminary Attending	
Year in Program _____ year out of _____ years	
Estimated 2024-2025 Academic Year Education and Related Expenses:	
Tuition & Books: -----	
Transportation: -----	
Meals: -----	
Lodging: -----	
Other (specify): -----	
TOTAL:	
Estimated Income Sources (to equal the TOTAL line-item above):	
Seminary Scholarship/Grant/Rebate: -----	
Local Church Scholarship/Grant/Continuing Education: -----	
Other Grants/Scholarships: -----	
529 Plan Contributions/Financial Gifts: -----	
Out-of-Pocket:	
The information in this application is accurate, truthful, and complete. I understand that if I have been dishonest with any portion of this application or intentionally misrepresented financial information, the United Methodist Foundation of Michigan may, at its sole discretion, seek legal action for repayment of any scholarship funds provided.	
Signature	Date
Print Name	