

Duane and Terry Townley Endowed Family Scholarship Pastoral Counseling Graduate or Post Graduate Programs

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

Name	Status: Student/Deacon/PE/Elder/LLP	
Address/City/State/Zip		
Indicate if for Continuing Ed/Graduate Certificate/Graduate of Post-Graduate Degree		
Diama	Fig. 2:1	
Phone	Email	
Name of School	Name of Course/Program	
Estimated 2025-2026 Academic Year Education and Related Expenses:		
Tuition & Books:		
Transportation:		
Meals:		
Lodging:		
Other (specify):		
Estimated Income Sources (to equal the expenses listed above):		
Seminary Scholarship/Grant/Rebate:		
Local Church Scholarship/Grant/Continuing Education:		
Other Grants/Scholarships:		
529 Plan Contributions/Financial Gifts:		
Out-of-Pocket:		

been dishonest with any portion of this applie	e, truthful, and complete. I understand that if I have cation or intentionally misrepresented financial of Michigan may, at its sole discretion, seek legal is provided.
Signature	Date
Print Name	_