

**Florida Conference of the United Methodist Church
Board of Ordained Ministry
Ministerial Education Fund
PROMISSORY NOTE**

Lakeland, Florida

FOR VALUE RECEIVED, _____, hereinafter called Borrower, promises to pay THE FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH, a Florida non-profit corporation, with principal office at 1140 McDonald Street, Lakeland, Florida, the sum of _____ DOLLARS (\$) together with interest thereon at the rate of five percent (5%) per annum until paid, said principal and interest being due and payable in twenty (20) equal quarterly installments of _____ and /100 Dollars (\$) each, the said installment payments to be applied first to interest and the balance to principal, the first of said installments being due and payable on January 1, April 1, July 1, or October 1. These payments shall begin within three months following graduation of the Borrower from an accredited theological school, and subsequent installments shall be due on the 1st of each quarter thereafter. *However, if the borrower completes a years of service requirement as a full member serving full-time in an Annual Conference of the Southeastern Jurisdiction of The United Methodist Church equal to the number of semesters during which the borrower received funds, then the loan will become a scholarship.*

Until the indebtedness evidenced by this Note is paid in full, the Borrower will keep The Board of Ordained Ministry of the Florida Conference of the United Methodist Church informed of all changes in Borrower's mailing address and status as a full-time student.

In case of default in payment of principal or interest as herein provided, the entire indebtedness with interest thereon shall be due and payable, and if this Note is placed in the hands of an attorney at law for collection, the maker agrees and promises to pay all costs of collection, including reasonable attorney's fees.

This Note and the indebtedness evidenced hereby may be paid before maturity and no penalty or unearned interest will be charged.

Protest is waived.

Signed:

Student

Print Name

STATE OF _____

County of _____

On this ____ day of _____ 20____, appeared before me _____, who is personally known to me or who has produced _____ as identification, who did/did not take an oath, and who acknowledged before me that he executed this instrument.

Notary Public of the State of

My Commission Expires:

SEAL

Service Loan Application

Ministerial Education Fund
Southeastern Jurisdiction
The United Methodist Church

Name _____
Address _____
City, State, Zip _____
Seminary _____

(For Committee Use Only)

Amount Requested \$ _____
Amount Granted Fall \$ _____
Winter \$ _____
Spring \$ _____
Summer \$ _____

Date Granted _____

Approved by Committee:

(signature)

The purpose of the Ministerial Education Fund is to assist in providing an adequately trained ministry for our churches by:

- 1) relieving some of the pressure of limited means, where such pressure may well prevent a ministerial candidate from obtaining the necessary education, and**
- 2) reducing the necessity for too much employment while in school, thus allowing more time for study.**

Instructions (please read carefully)

1. Read the application in full before completing it.
2. **Applications must be completed for each new school year.** Disbursements are made on a semester basis. A new application is needed for the summer session.
3. Complete your portion of the application in detail. There is a reason for each question in this application. Make an honest effort to be **accurate concerning income, scholarships, expenses, and need.** **Failure to do so will delay action on your application.**
4. After you have filled in your part of the application as accurately as possible, **mail it to your district superintendent for his/her examination and signature** on page 5. If there is any question concerning any part of the application, be sure your superintendent is given a full explanation.
5. Have your district superintendent **mail the application to the Student Financial Aid Office** of the institution in which you are enrolled or pre-enrolled, with a request that they **review your application for accuracy** concerning the details on school expenses, scholarship aid, rebates, etc.
6. **This application must be submitted on or before June 15th.**

This application, when fully completed, should be mailed by the student financial aid official of your institution to:

David A. Dodge, Registrar
P.O. Box 3767
Lakeland, FL 33802-3767

Service Loan Application
Ministerial Education Fund
Year: _____

PERSONAL HISTORY

_____ (First Name)	_____ (Middle Name)	_____ (Last Name)
Current Address _____		Phone _____
_____		Zip _____
School Address (if different) _____		Phone _____
_____		Zip _____
Permanent Address (or address of parents) _____		Phone _____
_____		Zip _____
Social Security Number _____		Age _____ Sex _____

Marital Status: Single Married Widowed Divorced

If you are single, are you engaged? _____ If so, give the date of the wedding, if it has been set _____

Do you have children? If so, give ages of each _____

Do you have dependents living with you? _____ If so, what is the relationship?

Indicate any special circumstances about your situation that you would like the committee to be aware of (attach additional page if necessary) _____

EDUCATION HISTORY

Are you a full-time student? Yes No Working toward _____ degree

Number of hours you will be enrolled: Fall _____ Spring _____ Summer _____

Name of college(s) previously attended:
_____ Hours completed or date of degree _____
_____ Hours completed or date of degree _____

Name of seminary/graduate school, if you are enrolled or pre-enrolled: _____

Child care (if applicable)	\$ _____
Medical	\$ _____
Personal incidentals (recreation)	\$ _____
Travel (in your work/to school)	\$ _____
Installment payments (from previous section)	\$ _____
Annual insurance premiums	\$ _____
Church contributions	\$ _____
Additional expenses (list): _____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL ESTIMATED EXPENSES	\$ _____

Anticipated resources for the same 12-month period:

Personal funds	\$ _____
If you are serving a local church, complete:	
Total compensation	\$ _____
If church pays utilities, add the amount	\$ _____
If campus room is necessary, deduct the cost	\$ (_____)
Deduct taxes to be paid	\$ (_____)
NET SALARY	\$ _____
If you have other employment, complete:	
Salary	\$ _____
Deduct taxes to be withheld	\$ (_____)
NET SALARY	\$ _____
If spouse is employed, complete:	
Salary	\$ _____
Deduct taxes to be withheld	\$ (_____)
NET SALARY	\$ _____

Gifts, grants, scholarships:

College/seminary grants/scholarships	\$ _____
Amount from parents	\$ _____
Amount from local church	\$ _____
Amount from organizations/foundations	\$ _____
Other (specify) _____	\$ _____
TOTAL GIFTS, GRANTS, SCHOLARSHIPS	\$ _____

Special income:

G.I. benefits	\$ _____
Federal/state grants/loans	\$ _____
Income from investments	\$ _____
Other income (specify) _____	\$ _____
TOTAL SPECIAL INCOME	\$ _____

TOTAL ANTICIPATED RESOURCES (totals from above)	\$ _____
--	-----------------

TOTAL EXTIMATED EXPENSES	\$ _____
---------------------------------	-----------------

AMOUNT OF SERVICE LOAN REQUESTED	\$ _____
---	-----------------

PLEDGE OF THE APPLICANT

If this service loan or any portion of it is granted, I will use it only toward educational expenses. It is my understanding that I am to serve the number of years indicated in the Service Loan Agreement after completion of the first professional degree for conference membership or consecration as a diaconal minister in the United Methodist Church. Should I fail to do so, this service loan shall become due and payable immediately upon the terms specified in the Service Loan Agreement.

_____ Date

_____ Signature of Applicant

I hereby authorize the _____
(name of college or seminary)

to release the information in the following sections on School Recommendation and Recommendation of Student Financial Aid Official to the _____ Annual Conference Board of Ordained Ministry.

DISTRICT SUPERINTENDENT RECOMMENDATION

(The District Superintendent should review the entire application and provide any additional information that may assist the committee. After signing, please mail the application to the appropriate student aid official at the applicant's institution.)

Do your records indicate that this person is a certified candidate for ministry?

Yes No If yes, Ordained Diaconal

I recommend favorable consideration of this application for a service loan.

Date _____ Signature _____

District Superintendent

District _____

Address _____

Phone _____

SCHOOL RECOMMENDATION

(This section and the following section are to be completed by the applicant's institution and returned to the Annual Conference Board of Ordained Ministry at the address listed at the end of the application.)

School Name _____

Student Name _____

Student's classification as of _____:

- College: Junior Senior
- Seminary: First Second Third Fourth year
- Other (specify): _____ Quarter Semester

Do you expect this student to be full-time? Yes No

How many hours are required for full-time status? _____ hours

What was the student's cumulative grade average at the end of the last term on a _____ scale?
_____ grade average.

Remarks _____

Date _____ Signature _____
Dean or Registrar

STUDENT FINANCIAL AID OFFICIAL RECOMMENDATION

Do you consider this student a good financial risk?
 Yes No Do not know at this point

Comments: _____

Has this student met his/her college/seminary obligations satisfactorily? Yes No

What are the maximum personal resources of the student? \$ _____

What do you consider, after conferring with the student, that the minimum financial needs are for the year indicated? \$ _____

What financial assistance will the school be able to give to the student?
(refer to the above section on FINANCIAL INFORMATION, Gifts, Grants, Scholarships) \$ _____

We will be glad to distribute the checks to this student at the beginning of each semester or term if you desire.

Date _____ Signature _____
(Financial Aid Official)
Title _____
Address _____

**WHEN COMPLETED, THIS APPLICATION SHOULD BE MAILED TO:
Center for Clergy Excellence
P.O. Box 3767
Lakeland, FL 33802**