

# **North Georgia Conference of The United Methodist Church**

## **Board of Ordained Ministry, Ministerial Education Fund Grant**

### **Policies, Application, and Instructions for the Applicant**

*The purpose of the Ministerial Education Fund (2016 BOD ¶816) is to enable the Church to unify and expand its program of financial support for the recruitment and education of ordained and diaconal ministers and to equip the annual conference to meet increased demands in this area:*

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

#### **A. Directions for Applying for the Ministerial Education Fund:**

1. Check the accreditation of your school, you must attend a school with accreditation by one of the following agencies: undergraduate institution must be accredited by [Southern Association of Colleges and Schools Commission on Colleges](#), and a seminary must be approved by the [University Senate](#) of the General Board of Higher Education and Ministry of The United Methodist Church. Any questions concerning this should be referred to The Center for Clergy Excellence.
2. **Applicants complete the entire application and distribute the required pages** to the District Superintendent (pg. 5) and to the Registrar's Office (pg. 6) of the college, university, or seminary they are attending. Be sure to sign pages 5-6 before distributing to the appropriate person to authorize the release of information. Applicant will directly submit their portion of the application (pg. 3-4) to The Center for Clergy Excellence.
3. The **District Superintendent** completes page 5 of the application and submits it directly to The Center for Clergy Excellence.
4. The **Registrar's Office** completes page 6 of the application and submits it directly to The Center for Clergy Excellence. The Registrar's Office must complete this as a verification of your enrollment.
5. At the end of each academic year students will **submit a copy of their transcripts** to The Center for Clergy Excellence. This can be an unofficial transcript but must show hours completed and grades received.
6. A completed application is required each semester the student intends to enroll in school. Applications are required by the following deadlines:

<b>Fall Term (Aug-Dec):</b>	<b>July 1 (August 1 for 1<sup>st</sup> time students)</b>
<b>Winter/Spring Terms (Jan-Apr):</b>	<b>November 15</b>
<b>Summer Term (May-July):</b>	<b>April 15</b>

#### **B. The Ministerial Education Fund Committee shall consider grants as follows:**

- Seminary: up to \$3,000 per semester for full-time students
- Undergraduate degrees: \$1,000 per semester for full-time students (certified candidates only)
- The lifetime maximum any applicant may receive for college and seminary shall be \$26,000
- Part-time applications will be prorated at rate of \$250 per enrollment hour.

#### **C. Ministerial Education Funds are available for the following:**

- **Certified Candidates** completing undergraduate and/or a seminary degree

- **Registered Inquiring Candidates** who are making progress toward becoming a certified candidate in the North Georgia Conference while completing their seminary degree. A maximum of two semesters will be funded between the Registered Inquiry process and becoming a Certified Candidate. Once candidates are certified they would be eligible for additional funding.
- **First Year Seminary Students** who have not started the candidacy process may apply as they work through the candidacy process. However, you must make progress toward being a Registered Inquiring Candidate and Certified Candidate to receive funds. Candidates are limited to two semesters of funding. Once candidates are certified they would be eligible for additional funding.
- All students are required to maintain a “C” average in college, university, or seminary classes to continue to receiving funding.

#### D. Course of Study

- Completion the MEF application for Courses of Study <https://northga-reg.brtaapp.com/CourseofStudyMEFScholarship>
- Obtain the registration form from the school where you intend to take Course of Study classes. These are specific to each school and are on their websites.
- Fully complete and sign the registration form, obtain the District Superintendent’s approval and signature on the form, then send the registration form to The Center for Clergy Excellence for signature approval, and CCE will forward it directly to the appropriate school.
- After receiving a confirmation of registration from the school, complete the COS-MEF application online including a copy of your COS Invoice or Confirmation Letter.
- Students are required to complete each course with a grade of “C” or better. The student will be required to repeat any course for which they do not receive a “C” or better at their own expense.

**E. Funding Process:** MEF checks are sent directly to the schools as quickly as possible following the deadlines. If the school has not received funds within one month following the deadline, please inquire with CCE and verify that your application was completed and that funds were processed on your behalf. We encourage all students to stay in communication with CCE regarding the receipt and completed of the application and the award of the grant.

#### F. Questions?

*All MEF Applications will be processed by The Center for Clergy Excellence (CCE). All materials should be submitted to CCE via email, mail, or in person, and all questions regarding MEF can be emailed to [MEFApplication@ngumc.org](mailto:MEFApplication@ngumc.org). CCE is located at the North Georgia Conference Office, 1700 Century Circle SE, Ste. 100, Atlanta, GA 30345. We can be reached by phone at 678.533.1369.*

***The completed application (applicant pages, DS page, and Registrar’s page) for each academic session must be in The Center for Clergy Excellence by the appropriate deadline, no late applications will be accepted. You must apply for each semester in which you seek funding.***

#### **Required Deadlines:**

Fall Term (Aug-Dec) for returning students:	July 1
Fall Term (Aug-Dec) for 1 <sup>st</sup> time students:	August 1
<i>1<sup>st</sup> Time Students are those beginning their seminary or college education only</i>	
Winter/Spring Terms (Jan-Apr) all students:	November 15
Summer Term (May-July) all students:	April 15

# North Georgia Conference of The United Methodist Church

## Ministerial Education Fund Grant Application

### 1. PERSONAL INFORMATION

Name

\_\_\_\_\_  
*Last Name                      First Last                      Middle Name                      Preferred Name*

Address

\_\_\_\_\_

City

State

Zip

\_\_\_\_\_

Cell Phone:

\_\_\_\_\_

Email

\_\_\_\_\_

I am seeking ORDINATION as:      Elder      Deacon

Are you a Certified Candidate?      Yes      No     If yes, give date: \_\_\_\_\_

If No, are you a Registered Inquiring Candidate?     \_\_\_\_\_     When do you expect to be certified?     \_\_\_\_\_

District: \_\_\_\_\_

### 2. EDUCATIONAL INFORMATION

School You Are Attending \_\_\_\_\_

Year In School     1st          2nd          3rd          4th          Other

Are You A Full Time Student?      Yes      No     Anticipated Date Of Graduation

Which Semester Is This For? \_\_\_\_\_

Working Toward Which Degree? \_\_\_\_\_

Undergraduate Degree You Received: \_\_\_\_\_

Name of college from which you received your undergraduate degree? \_\_\_\_\_

### 3. REFERENCE AND RECOMMENDATIONS

#### A. References (3 are required):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
*Street                      City                      State                      Zip Code*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip Code*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**B. District Superintendent:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**4. PLEDGES OF THE APPLICANT**

- A. "If this Grant is awarded, I will use it only toward necessary educational expenses. It is my understanding that I am to *serve at least five years* in full time service under appointment made by a UMC Bishop (BOD Par 816 1a)."
- B. "I understand I am to apply each *semester* for the Ministerial Educational Grant, and I understand the deadline is clearly printed on the Guidelines which I have already received. I also understand it is my responsibility to have all sections completed before submitting the application to CCE Office. I further understand that if my application is not received by the deadline, I will not be considered for the current term. If I am concerned that there is some question, problem, issue, or complication, I will contact the CCE Office.
- C. "I have read and understand the Policies of the Ministerial Education Fund Committee of the Board of Ordained Ministry of the North Georgia Annual Conference. By signing below I acknowledge that I accept the provisions of these policies and affirm my willingness to comply with the same."

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*Date Signed      Required Applicant Signature      Applicants full printed name*

**Direction for SUBMITTING MEF Application:**

- **Applicant Submits pages 3-4 directly** to The Center for Clergy Excellence
  - Email: [MEFapplication@ngumc.org](mailto:MEFapplication@ngumc.org)
  - Fax: 678.533.1368
  - Mailing Address: 1700 Century Circle SE, Ste. 100, Atlanta GA 30345
  - Questions Call the CCE Office 678.533.1369
- **Give your District Superintendent page 5** to complete and submit to CCE on your behalf
  - Sign the form before giving it to the District Office
    - give the district a copy of completed pages 3-4 for their records
    - Let your DS office know you have already submitted pages 3-4 to CCE
- **Give your Registrar's Office page 6** to complete and submit to CCE on your behalf
  - Sign the form before giving it the Registrar's Office
    - Let you school know you have already submitted the other required pages

**North Georgia Conference of The United Methodist Church**  
**Ministerial Education Fund Grant Application**  
**District Superintendent Recommendation Form**

APPLICANTS FULL NAME (please print/type):

Required Applicant Signature

Date Signed

**DISTRICT SUPERINTENDENT MUST COMPLETE THIS SECTION**

1. Do the records in your office verify that this person is a **Certified Candidate** for ministry? (approved by DCOM)  Yes Date: \_\_\_\_\_

2. Have you personally meet with this individual to discuss his/her call to ministry?  Yes Date: \_\_\_\_\_  No

A. This candidate is seeking which order?  Undecided  Deacon  Elder

3. Do the records in your office verify that this person is an **Inquiring Candidate** for ministry? (Inquiring Candidate means: candidate has met DS and is recommended to attend the next Candidacy Summit)  Yes  No

A. When did this candidate attend Candidacy Summit? Date: \_\_\_\_\_

4. Do the records in your office verify that this person is a **Registered Inquiring Candidate** for ministry? (Registered Inquiring means: candidate attended the Summit, is in group mentoring, & is registered and completing steps in UMCares)

A. Is this candidate registered in UMCares?  Yes  No

B. Is this candidate currently in Group Mentoring?  Yes  No

C. Has this candidate completed Group Mentoring?  Yes Date: \_\_\_\_\_

D. When is this candidate scheduled to meet with DCOM for Certification approval? Date: \_\_\_\_\_

E. If this candidate has been in the Candidacy process for more than **ONE YEAR**, without being Certified what steps is he/she taking to become a Certified Candidate?

District Superintendent Signature

Date Signed

Printed Name

Address \_\_\_\_\_  
Street City State Zip Code

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

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

Please submit DS Recommendation Form Directly to The Center for Clergy Excellence  
 Email: [MEFapplication@ngumc.org](mailto:MEFapplication@ngumc.org), Mail: 1700 Century Circle SE, Ste. 100, Atlanta GA 30345

**North Georgia Conference of The United Methodist Church**  
**Ministerial Education Fund Grant Application**  
**Seminary/College Recommendation Form**

<b>APPLICANTS FULL NAME</b> <i>(please print/type):</i>	
"I hereby authorize _____ (college/seminary) to release the above information to the North Georgia Annual Conference Board of Ordained Ministry" (Par. 418.3).	
<i>Required Applicant Signature</i>	<i>Date Signed</i>

**SEMINARY/COLLEGE REGISTRAR MUST COMPLETE THIS SECTION**

1. Name of College or Seminary \_\_\_\_\_
2. Student Classification  
1<sup>st</sup> Year     2<sup>nd</sup> Year     3<sup>rd</sup> Year     4<sup>th</sup> Year     Other, Specify: \_\_\_\_\_
3. Is this student's present academic record satisfactory?     Yes     No
4. What was the student's grade average last term? \_\_\_\_\_ On a scale of: \_\_\_\_\_
5. How many hours are required for full-time enrollment? \_\_\_\_\_ Semester Hours or Quarter Hours
6. What is the last date for enrollment/drop/add for applying semester? \_\_\_\_\_
7. How many hours is the student registered to complete during the semester in which they are applying? \_\_\_\_\_

**Additional Comments:**

<i>Date Signed</i>	<i>Signature of Registrar</i>	<i>Printed Name</i>
Address	<i>Street</i>	<i>City</i> <i>State</i> <i>Zip Code</i>
Phone Number	_____	
Email Address	_____	

**Please submit Recommendation Form Directly to The Center for Clergy Excellence (CCE):** Email: [MEFapplication@ngumc.org](mailto:MEFapplication@ngumc.org), Fax: 678.533.1368, Mailing: 1700 Century Circle SE, Ste. 100, ATL, GA 30345