

Application for Barbara Grace Ripple Scholarship 2018-2019

Deadline: July 15, 2018

**Mail to: Hawaii District Office
20 South Vineyard Boulevard
Honolulu, Hawaii 96813-2317**

Email: hawaiidistrict@calpacumc.org

Personal Statement of (Name) _____

Please prepare in 500 words or less (typed and double spaced) a narrative which describes the following topics:

1. Statement of Calling which encompasses the gifts and graces God has given you.
2. Your educational goals related to church ministries.
3. Your involvement and responsibilities in your congregation as well as your community.
4. The proposed timeline for completing your studies.
5. Describe which stage of the candidacy process you have reached.

Name _____

Address _____

Line Phone number _____ Cell phone _____

Birth date _____

E-Mail Address _____

Church Affiliation _____

Member or Constituent? _____

FINANCIAL WORKSHEET

Enter below the costs of seminary or graduate school and the anticipated sources of funds. Please use estimates where necessary. Also comment on all unusual factors which may demonstrate financial need.

Estimated Costs for School Year

Tuition and fees \$ _____

Books and Supplies \$ _____

Health Insurance \$ _____

Transportation \$ _____

Personal \$ _____

Other costs \$ _____

Total Estimated Cost: \$ _____

Additional Sources of Funds

Your contributions \$ _____

Other sources of financial aid (loans, Grants, etc.)

Federal \$ _____

State \$ _____

Scholarships \$ _____

Other \$ _____

Total Expected Additional Funds:

\$ _____

ESTIMATED FINANCIAL NEED:

Total Estimated Costs \$ _____

Total Expected Funds \$ _____

Unfunded Need \$ _____

Name of College/University as undergraduate: _____

Cumulative grade point average: _____

Name of seminary attended or applying to: _____

In receiving a scholarship, the applicant agrees to the following conditions:

1. Maintain a minimum of a C+ or 2.5 GPA average and submit a report card or transcript.
2. Return scholarship funds if not used for the purpose of the scholarship.
3. Return any unused portion of the scholarship if applicant withdraws from the seminary or college.

I certify that all information is correct and complete.

Signature of applicant _____ Date _____

Signature of endorsement _____ Date _____

(Applicant's pastor or other leader within the Hawai'i District)