

**APPLICATION FOR SCHOLARSHIP FROM**  
**STEGALL SEMINARY SCHOLARSHIP ENDOWMENT FOUNDATION**

**I. BIOGRAPHICAL INFORMATION**

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Permanent Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Permanent Phone Number: \_\_\_\_\_

Name of school in which you are enrolled: \_\_\_\_\_

Projected Date of Graduation: \_\_\_\_\_

School Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Spouse (if applicable): \_\_\_\_\_

Children: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give names and ages:

\_\_\_\_\_

\_\_\_\_\_

**II. CHURCH AND CANDIDACY INFORMATION**

Local church in which membership is held: \_\_\_\_\_

Local church address (City, State, Zip Code): \_\_\_\_\_

Present pastor of local church: \_\_\_\_\_

Please list the leadership roles you have held within the local church, district, or annual conference, along with the year and length of service:

Role: \_\_\_\_\_ Year(s): \_\_\_\_\_

Role: \_\_\_\_\_ Year(s): \_\_\_\_\_

Role: \_\_\_\_\_ Year(s): \_\_\_\_\_

Role: \_\_\_\_\_ Year(s): \_\_\_\_\_

Role: \_\_\_\_\_ Year(s): \_\_\_\_\_

Status in the Candidacy Process (if applicable): \_\_\_\_\_

Are you seeking ordination in the United Methodist Church: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, ordination as \_\_\_\_\_ Elder or \_\_\_\_\_ Deacon?

Vocational Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. WORK EXPERIENCE

Current Employer: \_\_\_\_\_

Employer's Address (City, State, Zip Code): \_\_\_\_\_  
\_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Current Job Title or Role: \_\_\_\_\_

Number of Years in Position: \_\_\_\_\_

### IV. ACADEMIC INFORMATION

High School: \_\_\_\_\_

Address (City, State, Zip Code): \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

**Please complete information for all colleges/universities that you have attended.**

1. College/University: \_\_\_\_\_

Address (City, State, Zip Code): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Major(s)/Minor(s): \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

2. College/University: \_\_\_\_\_

Address (City, State, Zip Code): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Major(s)/Minor(s): \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

3. College/University: \_\_\_\_\_

Address (City, State, Zip Code): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Major(s)/Minor(s): \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

## V. FINANCIAL INFORMATION

Are you claimed as a dependent for tax purposes? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state the total yearly income of the household for which you are a dependent:

TOTAL yearly income of the household: \$ \_\_\_\_\_

If no, please state the total yearly income, including spouse's income (if married) of your household:

TOTAL yearly income of the household: \$ \_\_\_\_\_

Are you under appointment as a student pastor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, is a parsonage or housing allowance provided in addition to your income?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you receiving any other financial aid, scholarships, or grants? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the total yearly amounts of the following:

Scholarships: \$ \_\_\_\_\_

Student Loans: \$ \_\_\_\_\_

Grants: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Annual School Expenses:

Tuition: \$ \_\_\_\_\_

Housing: \$ \_\_\_\_\_

Travel: \$ \_\_\_\_\_

Books: \$ \_\_\_\_\_

Other: (describe) \$ \_\_\_\_\_

## VI. REFERENCES

Please list one United Methodist pastor and one college professor.

1. Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Address (City, State, Zip Code): \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Address (City, State, Zip Code): \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

## **VII. SIGNATURE**

To the best of my knowledge, information and belief, I hereby certify that the information contained in this application is true and complete.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Return the completed application and any attachments to:

Dr. Karl K. Stegall, President  
Stegall Seminary Scholarship Endowment Foundation  
P. O. Box 241661  
Montgomery, Alabama 36124