



CHAPLAIN SAMUEL GROVER POWELL SCHOLARSHIP GUIDELINES

The Chaplain Samuel Grover Powell Scholarship Fund was established as a memorial in 1980 by the family and friends of Chaplain Powell. The Reverend Samuel Grover Powell served as a chaplain in the United States Air Force for 28 years. He believed that "Military people deserve the best qualified chaplains, for they are not only serving God, but their country."

DEADLINE: Applications and all required documents must be submitted by July 1. Applications will be accepted beginning January 1 each year for the following academic year.

CRITERIA FOR ELIGIBILITY

- Applicants must:
 - Be enrolled at an accredited theological seminary
 - Be in either their middle or senior year
 - Be involved in the Chaplain Candidate (Seminarian) Program, or serving in a military reserve component after having completed an active duty tour in one of the United States armed forces
- Preference is given to students in their senior year who plan to serve in the United States Air Force. However, persons preparing for chaplaincy in any branch of the military will be considered.
- Award recipients are expected to serve in the United States chaplaincy upon completion of seminary, ordination, and endorsement.

AWARD

- Awards are made for one academic year. Recipients may apply for a second year, however new applicants will be given priority each year. A person may not receive awards for more than two academic years.
- Awards must be used for the payment of tuition. Checks will be mailed directly to the business office of the school where student is enrolled, with instructions that the full amount be applied to the student's account.

APPLICATION PROCESS

- Submit this application form, along with:
 - A letter which includes a brief personal history and a statement about your decision to choose military chaplaincy as a career
 - A recent photograph
 - Undergraduate and graduate transcripts
 - A financial statement
 - A report of your ministry in the Chaplain Candidate (Seminarian) program
- Faxes or photocopies of completed application and supporting documentation will not be accepted.
- **Mail application and required documents to:**
 - United Methodist Higher Education Foundation
 - Scholarship Office
 - P.O. Box 340005
 - Nashville, TN 37203-0005



CHAPLAIN SAMUEL GROVER POWELL SCHOLARSHIP APPLICATION

Student's Name _____ Male Female
first middle last

Student's Social Security # _____ Birthdate _____ Email _____

Mailing Address _____

City _____ State _____ ZIP _____ Phone _____

Ethnic Group: [] Caucasian [] Asian [] Black [] Hispanic [] Pacific Islander
[] Native American [] Other (please specify) _____

Full name of school and city/state where enrolled or planning to enroll for the upcoming scholarship year:

Name of School _____ City/State _____

Please complete this section if you are a member of The United Methodist Church:

Name of Church _____

Church Mailing Address _____ Annual Conference _____

City _____ State _____ ZIP _____ Phone _____

Pastor's Name _____ Email _____

By filling out and signing this application, you are giving UMHEF permission to use your photo and/or statement in print (e.g. public relations materials) to promote the Foundation. In addition, you allow UMHEF to release your information to external church-related sources (e.g. annual conference newspapers) for possible use in publications.

Student's Signature/Date _____

Deadline: Application and all required documents must be submitted by July 1.

Mail application and required documents to:

United Methodist Higher Education Foundation
Scholarship Office
P.O. Box 340005
Nashville, TN 37203-0005

UMHEF FINANCIAL STATEMENT

Financial Aid is Requested for Academic Year _____ - _____

Income Available to meet expenses for academic year:

Personal Funds (cash, savings, etc.)	\$ _____
Total Summer Earnings	\$ _____
Summer Earnings Available for School	\$ _____
Expected Earnings for Academic Year	\$ _____
Parental Support	\$ _____
Spouse's Net Income, if applicable	\$ _____
Assistantships	\$ _____
Scholarships (itemize)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Grants (itemize)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Loans (itemize)	
_____	\$ _____
_____	\$ _____
Other Income (itemize)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL INCOME:	\$ _____

Estimated Expenses for the academic year:

Tuition and Fees	\$ _____
Books	\$ _____
Housing	\$ _____
Food	\$ _____
Clothing and Laundry	\$ _____
Medical Care	\$ _____
Transportation (itemize)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Other Expenses (itemize)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXPENSES:	\$ _____

Please Note: On a separate sheet, describe any unusually high expenses. (Additional itemized expenses should also be listed.) Special circumstances that may affect your financial situation should be explained.

If you are a self-supporting student, list number of dependents (explain) _____

Have you applied for other financial aid for the academic year not listed above? _____

If yes, name sources _____

If approved, list amount you will receive (or have received) from each source _____

List Educational Loans unpaid for prior years:	Source:	Amount:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____