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 for the 2022-2023 academic year are being accepted while funds last. Please submit ASAP.

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. 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
  - Enclosed 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 2022-2023 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: Applications and supporting materials are being accepted while funds last. You will be notified of award.

Mail application and required documents to:

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

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<tr>
<th>List Educational Loans unpaid for prior years:</th>
<th>Source:</th>
<th>Amount:</th>
</tr>
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|                                               |        | $ _______
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