



**Ernest Preedy Scholarship for Ministry with  
Persons with Disabilities**

Eligibility for Scholarship

Scholarships are intended for individuals attending seminary or professional training to upgrade skills and/or prepare for ministries with persons disabilities. The use of scholarship funds applies to internships and training for academic credit or CEU's. It is understood that these skills will be used within Virginia Conference United Methodist Churches to further our inclusive ministries. This scholarship is in honor of Ernest Preedy who dedicated countless hours and devotion to further our inclusive ministries.

Conditions for Receiving Scholarships

1. Requests for scholarships must come in writing, using this form. Completed forms may be mailed, faxed or e-mailed to the address above.
2. All requests for scholarships are reviewed by the Grants Committee with final approval made by the Commission on Disabilities. Funding requests are considered as they come in and as funds are available.
3. A grant is given for one year, but the request may be renewed up to three years. Under certain circumstances, and at the discretion of the Commission on Disabilities, extensions of the time limit can be given.
4. As a rule, no grant shall exceed \$500. Exceptions are at the discretion of the Commission on Disabilities. The applicant must show other sources of income as part of the scholarship request.

By what date are funds needed? \_\_\_\_\_

**Personal Data:**

Name of Applicant: \_\_\_\_\_

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

Fax: \_\_\_\_\_ Phone/TTY: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Personal Data Continued:**

Name of Pastor: \_\_\_\_\_ District: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of District Superintendent: \_\_\_\_\_

Are you a candidate for ordained ministry?  Yes  No

If yes, in what stage of the process are you? \_\_\_\_\_

**Educational Plan:**

A. Name of school/workshop/seminar for which scholarship is requested?

\_\_\_\_\_

Start Date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

B. If college, university or seminary, what degree program?

\_\_\_\_\_

**Personal Description:**

Please use additional paper in responding to questions A-D, using a short paragraph for each.

- A. For what exact purpose will the scholarship be used? Share your motivations and interest for pursuing this academic training.
- B. How do you see yourself being equipped for ministry with persons with physical, developmental, sensory, or mental challenges?
- C. What do you expect to accomplish within the period covered for this scholarship application?
- D. Write a brief paragraph summarizing your long term goals for ministry with persons with disabilities.
- E. On the next page, provide two references. One should be from your academic advisor or training instructor, that attests to your academic achievement and/or potential for ministry with persons with disabilities. Include written letters from each person with this application.

1. Name: \_\_\_\_\_

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

Phone/TTY: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Phone/TTY: \_\_\_\_\_ Email: \_\_\_\_\_

**Financial Information:**

A. What other funding do you have for this training? (e.g. grants, church support, sponsors, personal and parental contributions)

B. What is the total expense for your education, seminar, or training? Attach copy of cost statement, including room and board, tuition, travel, and other expenses.

C. What amount is requested from the Commission on Disabilities? \_\_\_\_\_

D. Have you previously received funding from the Commission on Disabilities?  Yes  No

If yes, when? \_\_\_\_\_ What amount? \_\_\_\_\_

E. If scholarship is wholly or partially approved, the check will be sent directly to the institution. To what name and address should the check be sent?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date Signed \_\_\_\_\_