XXII. Financial aid through the Ministerial Education Fund (MEF)

A. Course of Study Schools Participants: Through the MEF, the Board provides partial scholarships for attendance at the Course of Study schools. The scholarship is paid directly to Duke or Candler.

B. Certified Candidates for Ordained Ministry: Through the MEF the Board provides loan-grants to qualifying certified candidates for ordained ministry (Pars. 304, 310-314). Application forms may be requested from the Chairperson of MEF or the candidate’s district superintendent.

C. Application forms may be requested from the Chairperson of the MEF or the candidate’s district superintendent.

D. MEF Policies and Procedures:
   1. Certification as a candidate for ordained ministry is prerequisite to apply for MEF.
   2. Completed application must be reviewed and signed by the District Superintendent; then mailed to the accredited higher educational institution to confirm enrollment as full-time student for minimum of 12 semester hours or equivalent; and returned to Chairperson of MEF prior to deadline.
   3. Each conference year application deadline is June 30 prior to fall term. Only one application is necessary for fall and winter terms. November 1st is the deadline for winter term applications only.
   4. Completed applications signed by the candidate, District Superintendent, and institutional representative must reach the Chairperson of MEF by the deadline. Loan-grants are based on availability of MEF and on needs formula related to marital status, number and ages of children, auto travel for ministry, and reported expenditures.
   5. Maintaining a “C” average grade is required to be eligible for additional loans in succeeding years.
   6. Pre-seminary undergraduate students who are certified candidates and appointed by the Bishop to a church within the South Carolina Conference, may apply for a loan-grant.
   7. Chair of MEF Committee will mail to the applicant borrower a legal note for the amount of the loan-grant to be signed by the borrower and returned to the Chairperson of MEF before checks can be forwarded to the institution. Obligation incurred by accepting this loan-grant from MEF may be discharged by:
      a. Borrower serving 4 years after reception into full connection in S.C. Annual Conference, or
         Board of Ordained Ministry determines the years served in S.C. Conference merits discharge;
      or
      b. Borrower's permanent incapacity or death occurs prior thereto.
   8. Prior to transferring into another Annual Conference, an MEF borrower with less than 3 years of active service may be required to satisfy the note(s) outstanding. However, in participating conferences in SEJ Association of Boards of Ordained, by mutual agreement the service time may be satisfied in any of these conferences with no exchange of MEF funds being required.
   9. In the event of discontinuance as a candidate, probationary member or full member prior to discharge of the obligation, the borrower shall repay the loan, plus interest at a rate and amount set by the MEF Committee. This includes transfers in SEJ.
   10. MEF shall not be available for graduate work beyond the Master of Divinity.
   11. MEF Committee may recommend to the Board amounts to be used for enlistment, basic professional education aid, continuing education, and professional growth of ordained ministers.
   12. Information on United Methodist Student Loans and Scholarships may be secured from the Office of Loans and Scholarships, GBHEM, P. O. Box 340007, Nashville, Tennessee 37203.

Web: www.gbhem.org/home.html
Service Loan Application
South Carolina Annual Conference
Southeastern Jurisdiction
The United Methodist Church

NAME: ___________________________________________
Address: __________________________________________
City: ______________________ ST:________ Zip:________

Check One:
☑ Ordained Candidate
☑ Diaconal Candidate

The purpose of the Ministerial Education Fund is to assist in providing an adequately trained ministry for our churches by:
1) relieving some of the pressure of limited means, where such pressure may well prevent a ministerial candidate from obtaining the necessary education, and
2) reducing the necessity for too much employment while in school, thus allowing more time for study

INSTRUCTIONS (Please read carefully)

1. Read the application in full before filling in the blanks.
2. Applications must be completed for each new school year. Disbursements are made on a semester basis. A new application is needed for the summer session.
3. Complete your portion of the application in detail. There is a reason for each question in this application. Make an honest effort to be accurate concerning income, scholarships, expenses and need. Failure to do so will delay action on your application.
4. After you have filled in your part of the application as accurately as possible, mail it to your district superintendent for examination and his/her signature on page 6. If there is any question concerning any part of the application, be sure your district superintendent is given a full explanation.
5. Have your district superintendent mail the application to the STUDENT FINANCIAL AID OFFICE of the institution in which you are enrolled or pre-enrolled, with a request that they review your application for accuracy concerning the details on school expenses, scholarship aid, rebates, etc.
6. This application must be submitted on or before June 30 for full year or November 1 for 2nd term only.

Mail this application when fully completed by the FINANCIAL AID OFFICE of your institution to:

Reverend Mike Alexander
P. O. Box 528
Murrells Inlet, SC 29576
PERSONAL HISTORY

(First Name)  (Middle Name)   (Last Name)

Current Address__________________________________ Phone___________________________________

_______________________________________________________________________________________

School Address (if different) _________________________ Phone__________________________________

_______________________________________________________________________________________

Permanent Address (or address of parents)_____________ Phone__________________________________

_______________________________________________________________________________________

Social Security Number _____________________________ Age ______________ Sex ________________

Marital Status □ Single □ Married □ Widowed □ Divorced

If you are single, are you engaged? _______________ If so, give the date of the wedding, if it
has been set ___________________________________________________________________________

Do you have children? _________________ If so, give ages of each_______________________________

Do you have dependents living with you? _______________ If so, what is the relationship?

_______________________________________________________________________________________

Indicate any special circumstances about your situation that you would like the committee to be aware
of (attach additional page if necessary) ______________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

EDUCATION HISTORY

Are you a full-time student? □ Yes □ No Number of hours: _________________________________

Working toward ________________________ degree.         Fall _____ Spring _____ Summer _____

Name of college(s) previously attended:

_______________________________________________________________________________________ Hours completed or date of degree________________________

_______________________________________________________________________________________ Hours completed or date of degree________________________
Name of seminary/graduate school, if you are enrolled or pre-enrolled:

___________________________________________________________________________________

Give your student classification for the period of this application:

College:  □  Junior  □  Senior

Seminary:  □  First  □  Second  □  Third  □  Fourth Year

Other ________________________________

MINISTERIAL RELATION

Candidate for Ordained Ministry (only certified candidates are eligible for loans):

Have you been certified as a candidate for the ministry?  □  Yes  □  No

District __________________________________________________________

Your relationship to the conference:  □  Local Pastor  □  Full Connection

□  Assoc. Member  □  Probationary

Do you plan to serve as a pastor of a local church upon completion of your education?  □  Yes  □  No

If not, what form of Christian ministry do you plan to enter? ___________________________

________________________________________________________________________

Do you expect to become a fully ordained conference member?  □  Yes  □  No  □  Uncertain

Candidate for Diaconal Ministry (only certified candidates are eligible for loans):

Have you been certified as a candidate?:  □  Yes  □  No

Do you plan to serve as a diaconal minister in a local church upon completion of your education?  □  Yes  □  No

If not, what area of Christian ministry do you plan now to pursue? _______________________

________________________________________________________________________

Do you expect to become a consecrated diaconal minister?  □  Yes  □  No  □  Uncertain
FINANCIAL HISTORY

Have you received previous service loans/grants from this committee?

□ Yes □ No If so, what is the total amount? $ _________________

Present total indebtedness (annually):

- College loans $ _________________
- United Methodist student loans $ _________________
- Other loans $ _________________
- Banks $ _________________
- Individuals $ _________________
- Credit cards/installment payments $ _________________
- Other financial obligations (itemize on separate sheet, if necessary) $ _________________
- TOTAL ANNUAL INDEBTEDNESS $ _________________

Estimated expense for 12-month period beginning _________________ for which you are requesting this service loan (include all living expenses for your family, if you have one):

- Tuition and fees $ _________________
- Books $ _________________
- Rent/mortgage $ _________________
- Utilities $ _________________
- Clothing/laundry $ _________________
- Food $ _________________
- Child care (if applicable) $ _________________
- Medical $ _________________
- Personal incidentals (recreation) $ _________________
- Travel (in your work/to school) $ _________________
- Installment payments (from previous section) $ _________________
- Annual insurance premiums $ _________________
- Church contributions $ _________________
- Additional expenses (list): $ _________________
- $ _________________
- $ _________________
- TOTAL ESTIMATED EXPENSES $ _________________

Anticipated resources for the same 12-month period:

- Personal funds $ _________________

If you are serving a local church, complete:

- Total compensation $ _________________
- If church pays utilities, add the amount $ _________________
- If campus room is necessary, deduct the cost $(__________________)
- Deduct taxes to be paid $(__________________)
- NET SALARY $ _________________

If you have other employment, complete:

- Salary $ (__________________)
- Deduct taxes to be withheld $(__________________)
- NET SALARY $ _________________

If spouse is employed, complete:

- Salary $ (__________________)
- Deduct taxes to be withheld $(__________________)
- NET SALARY $ _________________
Gifts, grants, scholarships:

- College/seminary grants/scholarships $__________________
- Amount from parents $__________________
- Amount from local church $__________________
- Amount from organizations/foundations $__________________
- Other (specify) $__________________

TOTAL GIFTS, GRANTS, SCHOLARSHIPS $__________________

Special income:

- G. I. Benefits $__________________
- Federal/state grants/loans $__________________
- Income from investments $__________________
- Other income (specify) $__________________

TOTAL SPECIAL INCOME $__________________

TOTAL ANTICIPATED RESOURCES (totals from above) $__________________

TOTAL ESTIMATED EXPENSES $__________________

AMOUNT OF SERVICE LOAN REQUESTED $__________________

PLEDGE OF THE APPLICANT

If this service loan or any portion of it is granted, I will use it only toward educational expenses. It is my understanding that I am to serve the number of years indicated in the Service Loan Agreement after completion of the first professional degree for conference membership or consecration as a diaconal minister in The United Methodist Church. Should I fail to do so, this service loan shall become due and payable immediately upon the terms specified in the Service Loan Agreement.

_________________________ ________________________________
Date Signature of Applicant

I hereby authorize the _______________________________________________________________
(Name of College or Seminary)

to release the information in the following sections on School Recommendation and Recommendation of Student Financial Aid Official to the ____________________________________________________________

Annual Conference Board of Ordained Ministry.
DISTRICT SUPERINTENDENT RECOMMENDATION
(The District Superintendent should review the entire application and provide any additional information that may assist the committee. After signing, please mail the application to the appropriate student aid official at the applicant’s institution.)

Do your records indicate that this person is a certified candidate for ministry?

☐ Yes  ☐ No  

If yes,  ☐ Ordained  ☐ Diaconal

I recommend favorable consideration of this application for a service loan.

Date _________________  Signature ______________________________________

District Superintendent

District __________________________________________
Address _________________________________________
________________________________________________
Phone ___________________________________________

SCHOOL RECOMMENDATION
(This section and the following section are to be completed by the applicant’s institution and returned to the Annual Conference Board of Ordained Ministry at the address listed at the end of the application.)

School Name _______________________________________________________________________
Student Name _____________________________________________________________________

Student’s classification as of ______________________;

College:  ☐ Junior  ☐ Senior

Seminary:  ☐ First  ☐ Second  ☐ Third  ☐ Fourth year

Other (specify): _______________________________  ☐ Quarter  ☐ Semester

Do you expect this student to be full-time?  ☐ Yes  ☐ No

How many hours are required for full-time status? _______________ hours.

What was the student’s cumulative grade average at the end of the last term on

A _____________________ scale? __________________- grade average.

Remarks _____________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Date _________________  Signature __________________________________________

Dean or Registrar
STUDENT FINANCIAL AID OFFICIAL RECOMMENDATION

Do you consider this student a good financial risk?

□ Yes  □ No  □ Do not know at this point

Comment: ____________________________________________________________

Has this student met his/her college/seminary obligations satisfactorily?

□ Yes  □ No

What are the maximum personal resources of the student? $ ________________________

What do you consider, after conferring with the student, that the minimum financial needs are for the year indicated? $ ________________________

What financial assistance will the school be able to give to the student (refer to the above section on FINANCIAL INFORMATION, GIFTS, GRANTS, SCHOLARSHIPS) $ ________________________

We will be glad to distribute the checks to this student at the beginning of each semester or term if you desire.

Date ______________ Signature ________________________________

(Financial Aid Official)

Title ____________________________________________________________

Address ____________________________________________________________

_______________________________________________________________

Mail this application when fully completed to:

Reverend Mike Alexander
Chair of MEF, SC Conference
P. O. Box 528
Murrells Inlet, SC 29576