

**THE REVEREND MICHAEL A. ANDERSON, SR. MEMORIAL SCHOLARSHIP
For African-American Women**

Application

Sponsored by the Commission on the Status and Role of Women
Indiana Conference of the United Methodist Church

Application is due by **May 1**

Remit to:
COSROW Anderson Scholarship
Indiana Conference
301 Pennsylvania Parkway, Suite 300
Indianapolis, IN 46280

Awarding of the Scholarship is based upon the following criteria:

Financial Need: 50%

Clarity of Call: 20%

References: 20%

Academics: 10%

Name: _____ **Birth Date:** ____/____/____ (MDY)

Permanent Address: _____

Home Phone: _____ **E-mail:** _____

Recent Employment History:

1. **Position Held:** _____ **Employer:** _____

Length of Employment: _____ **Reason for Leaving:** _____

2. **Position Held:** _____ **Employer:** _____

Length of Employment: _____ **Reason for Leaving:** _____

3. **Position Held:** _____ **Employer:** _____

Length of Employment: _____ **Reason for Leaving:** _____

Educational Background:

Graduate Education

Seminary _____ Degree Program _____

G.P.A. _____ Hours Completed _____ Intended Graduation Date _____

Graduate School _____

Degree Received _____ Graduation Date _____

College/Vocational Education
School _____

Degree Received _____ Graduation Date _____

School _____

Degree Received _____ Graduation Date _____

High School
School _____

Graduation Date _____

Application Requirements:

- A. Attach a brief (one page) autobiography which includes personal history (marital status, children and their ages, etc.), background information (family of origin, education)
- B. Attach a recent photograph.
- C. Attach a brief (one page) summary/statement of your understanding of your call to ministry and the impact that has on your professional goals.
- D. List 3 references below, including name, address and phone number. Request each reference complete the attached reference form and return it by **May 1** to:

COSROW Anderson Scholarship
Indiana Conference UMC
301 Pennsylvania Parkway
Suite 300, Indianapolis, IN 46280

These references should include an ordained minister, a professor or someone who knows your academic ability, and a member of your District or Conference Board of Ordained Ministry.

1. Name _____ Phone _____

Address _____

2. Name _____ Phone _____

Address _____

3. Name _____ Phone _____

Address _____

E. Financial Statement: Please estimate your total income and expenditures for the upcoming school year, September through May.

Estimated Expenses:		Estimated Income/Resources:	
Tuition and fees:	_____	Funds on hand:	_____
Books:	_____	Income:	_____
Housing/Utilities:	_____	Scholarships:	_____
Meals/Food:	_____	Grants:	_____
Transportation:	_____	Loans:	_____
Personal:	_____	Assistantship:	_____
Other:	_____	Other:	_____
TOTAL EXPENSES:	_____	TOTAL INCOME:	_____

If your estimated need is greater than this award, what other sources do you have to meet your financial need (spouse's income, help from family member, additional employment, student loans, etc.)? _____

The announcement of the name of the Anderson Scholarship recipient is made at the COSROW Breakfast at Annual Conference in June of each year. If you are chosen to receive this award, would you be able to be present at this year's Annual Conference session?

Yes _____ No _____

Signature of Applicant _____

Date _____

Send this application and letters of reference by **May 1** to:

COSROW Anderson Scholarship
Indiana Conference UMC
301 Pennsylvania Parkway, Suite 300
Indianapolis, IN 46280

Reference Form

The Rev. Michael A. Anderson, Sr. Memorial Scholarship

Sponsored by the Commission on the Status and Role of Women,
Indiana Conference of the United Methodist Church.

Applicant's Name: _____

1. How long have you known the applicant?
2. In what capacity do you know the applicant?
3. Do you feel this applicant has a clear and thorough understanding of their call to ministry? Explain.
4. What do you feel are this applicant's greatest strengths for service to Christ's Church?
5. Would you be happy to have this person as your pastor? Explain.

Signature _____ Date _____

Address _____

Phone _____

Please return this form to: COSROW Anderson Scholarship
Indiana Conference UMC
301 Pennsylvania Parkway, Suite 300
Indianapolis, IN 46280