

**Application for Assistance from the  
Scholarship Loan / Grant Fund  
Indiana Yearly Meeting of Friends**

**Personal Information and Future Plans**

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Present Address \_\_\_\_\_ Tel. \_\_\_\_\_  
\_\_\_\_\_ Cell \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Number of dependents \_\_\_\_\_ Do you expect to enroll as a full-time student? \_\_\_ Yes \_\_\_ No  
Why are you requesting funds? \_\_\_\_\_  
\_\_\_\_\_  
Current occupation \_\_\_\_\_ Length of employment \_\_\_\_\_  
Monthly Meeting membership \_\_\_\_\_ Length of membership \_\_\_\_\_  
For what specific study is this money to be used? \_\_\_\_\_  
What college / seminary? \_\_\_\_\_ What degree sought? \_\_\_\_\_  
Address \_\_\_\_\_  
When did you receive a definite leading to the pastoral ministry? \_\_\_\_\_  
\_\_\_\_\_

**Educational Background** (please list location and dates of attendance):

Elementary School \_\_\_\_\_  
High School \_\_\_\_\_ Graduate? \_\_\_\_\_  
College \_\_\_\_\_ Graduate? \_\_\_\_\_  
Graduate School \_\_\_\_\_ Graduate? \_\_\_\_\_  
Seminary \_\_\_\_\_ Graduate? \_\_\_\_\_  
Degree or hours earned \_\_\_\_\_ Major \_\_\_\_\_  
Other \_\_\_\_\_

**References** (please list addresses phone numbers if available):

One of your former teachers \_\_\_\_\_  
\_\_\_\_\_  
A minister or Yearly Meeting Superintendent \_\_\_\_\_  
\_\_\_\_\_  
A business reference \_\_\_\_\_  
\_\_\_\_\_

**Note to be signed**

In seeking a loan / grant from the Indiana Yearly Meeting, I have prepared this application as completely and accurately as possible; I have read carefully and understood all conditions of this loan / grant, including the condition that I am a member of the Religious Society of Friends and I do intend to serve Friends in the Pastoral ministry. I will be ready to serve or to repay as described in the guidelines, and I agree to all the provisions of the loan / grant.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send to:** M&O Subcommittee Administrator  
Donald E. Dishman  
8606 Baker RD  
Hagerstown IN 47346

Email: [ddonannwrf@wmconnect.com](mailto:ddonannwrf@wmconnect.com)  
Phone: 765-489-4376