

## Graduate Degree Programs (D.Min. or Equivalent)

### **Ministerial Education Fund (MEF) The New England Conference of the United Methodist Church**

#### **Guidelines for Graduate Degree Programs (D.Min or Equivalent)**

1. Full members, probationary members who have completed their basic seminary degree and diaconal ministers under appointment will be eligible for grants from the Ministerial Education Fund. Affiliate members should seek funding from their home conferences.
2. Applicants must submit new applications prior to the beginning of each period for which the person is applying, including the signatures of their District Superintendent and the chairperson of the Pastor-Parish Relations Committee, or employer/supervisor in the case of Extension Ministries.
3. All applications must be in the hands of the Continuing Formation & Spiritual Growth Committee **twelve weeks** prior to the beginning of the program or beginning of the period for which you are applying. Late or incomplete applications will not be considered.
4. Grants up to \$1,000.00 per year may be awarded depending on need and availability of funds.
5. Total assistance for all post seminary degree work shall not exceed \$3,000.00.
6. Applicants will be expected to seek funding from other sources, e.g. local church or employer in the case of Extension Ministries.
7. Applicants must be enrolled in a degree program that is directly related to their ministry.
8. Applicants must provide evidence of having enrolled in the course/program at the end of each period.

**Ministerial Education Fund (MEF)**  
**The New England Conference of the United Methodist Church**

**Application for Graduate Degree Programs (D.Min or Equivalent)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security # \_\_\_\_\_ E-mail: \_\_\_\_\_

Conference Status (see guideline #1)

Present Appointment or Charge Conference

1. Title and brief description of the program for which assistance is being requested: degree, university or college.

2. Briefly describe how this proposed study meets the intent of paragraph #351 of THE 2004 UNITED METHODIST DISCIPLINE.

3. Have you received Continuing Education grants toward this program?  
Yes      No      When?      How much?

4. Have you asked your local church for financial aid?  
Yes      No      If not, please explain

5. Semester for which you are applying:

6. Estimated Expenses for the period for which you are applying:

Tuition and other school fees. \$ \_\_\_\_\_  
Books and Supplies \$ \_\_\_\_\_  
Housing and Food \$ \_\_\_\_\_  
Travel to and from school \$ \_\_\_\_\_  
Other (specify) \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Estimated sources of income during the period for which you are applying:

Personal contribution \$ \_\_\_\_\_  
From Parish \$ \_\_\_\_\_  
Other scholarships and loans \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Total assistance requested from Continuing Education funds \$ \_\_\_\_\_

7. Endorsement of Committee on Pastor-Parish Relations.
8. The committee has formally considered the matter of our pastor participating in this program at this time.  
The committee voted to (circle one) encourage discourage the participation of our pastor in the program.  
Comments:

\_\_\_\_\_  
(signature, chairperson) (Date)

9. Endorsement of District Superintendent  
I have carefully discussed with the applicant the matter of participation in this program. I (circle one) encourage discourage the participation of the applicant.

\_\_\_\_\_  
(signature, D.S.) (Date)

10. It is my understanding and agreement that if a grant is made to me from continuing education funds for this program, I will provide the Continuing Formation & Spiritual Formation Committee and my Committee on Pastor-Parish Relations or employer with written evaluations of the program at the end of each semester.

\_\_\_\_\_  
(signature of applicant) (Date)

Return completed application to:  
Cathy MacGovern  
13 Bentley St.  
Springfield MA 01108