

Master of Divinity or Equivalent Degrees

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

**Guidelines for Financial Assistance
Master of Divinity (M.Div.) or Equivalent Degrees**

1. Certified candidates for ordained ministry who are in a Master of Divinity (M.Div.) or equivalent degree program will be eligible for grants through 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.
3. To be considered all applications must be in the hands of the Continuing Formation & Spiritual Growth Committee no later than **May 15th** for the fall semester and **October 15th** for the spring semester. Late or incomplete applications will not be considered.
4. Grants up to \$2,000 per year may be awarded depending on need and availability of funds.
5. Total assistance for all seminary degree work shall not exceed \$6,000.
6. Applicants will be expected to seek funding from other sources, e.g. local church.
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.

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Application for Master of Divinity (M.Div.) or Equivalent Degrees

Name: _____ Phone: _____ Date: _____

Address: _____ State: _____ Zip: _____

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 2008 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:
Rev. Rebecca Mincielli
John Wesley United Methodist Church
270 Gifford St.
Falmouth, MA 02540
(508) 548-3050
Pastorrebecca@comcast.net

11/2017