

ESTIMATED INCOME for twelve months for which loan is requested:

10. A. Anticipated balance from earning during summer vacation.....	\$ _____
B. Anticipated balance from earnings during the current school year.....	\$ _____
11. Estimated earning during coming school year.....	\$ _____
12. Expected support from parents or relatives.....	\$ _____
13. Total financial support expected from spouse.....	\$ _____
14. Grant in aid from seminary.....	\$ _____
15. Scholarships from other sources.....	\$ _____
16. Assistance from local church.....	\$ _____
17. Assistance from Association or Conference.....	\$ _____
18. Other income (property, investments, gifts).....	\$ _____
TOTAL INCOME (not including any estimated grant from this application)...	\$ _____

ESTIMATED ESPENSES for twelve months for which loan is requested:

19. Tuition	\$ _____
20. Rent/Room/mortgage.....	\$ _____
21. Books	\$ _____
22. School fees (materials, medical, lab, etc.)	\$ _____
23. Food	\$ _____
24. Clothing	\$ _____
25. Laundry	\$ _____
26. Utilities	\$ _____
27. Hospitalization insurance	\$ _____
28. Medical (including spouse and children) not covered by hospitalization	\$ _____
29. Life Insurance	\$ _____
30 Auto expenses (as required):	
Monthly Loan payment X 12.....	\$ _____
Gas, oil, etc.	\$ _____
Repairs	\$ _____
Auto insurance	\$ _____
Total auto expenses.....	\$ _____
31. Travel expenses other than auto	\$ _____
32. Contributions to churches and charities	\$ _____
33. Other major expenses, if any, Please list:	\$ _____
_____	\$ _____
_____	\$ _____
34. Miscellaneous	\$ _____
TOTAL EXPENSES.....	\$ _____

35. Deficit (or balance) \$ _____

36. From what other sources other than the Ohio Conference, your Association, and seminary do you expect to obtain additional funds if needed and how much do you anticipate?

37. What is your current educational indebtedness? To who is it owed?

38. A one page narrative is **REQUIRED** describing your situation and defining any unusual circumstance or need, or any other information that could assist in evaluating your situation for your application to be considered.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

38. Signature of applicant: _____

This application must be returned before June 2, 2014 to:

Eastern Ohio UCC Church and Ministry
Discernment of Call Working Group
960 Portage Trail
Cuyahoga Falls OH 44221
or scan and email it to
Sharon Alberson at sharonalberson@sbcglobal.net

FOR OFFICE USE :

<p>RECOMMENDATIONS OF COMMITTEE ON CHURCH AND MINISTRY</p> <p>Amount Approved: \$ _____</p> <p>Comments: _____</p> <hr/> <hr/> <hr/> <hr/> <hr/> <p>Signature of Chairperson: _____</p>
