**FLORIDA STUDENT AID FOR PASTOR’S CHILDREN**

The Florida District of the Wesleyan Church provides scholarship/grant assistance with our Memorial Scholarship Fund to children of pastors who have served for five or more years and are currently under appointment of the Florida District. Funds are distributed on a need basis to Juniors and Seniors at our liberal arts schools (i.e. Houghton College, Indiana Wesleyan University, Oklahoma Wesleyan University, and Southern Wesleyan University) or for all four years at our Bible school, Kingswood University.

1. **Personal Information**

Name:

Home Address

Telephone: ( ) - Social Security Number:  - -

Date of Birth:  / /

Gender: Male [ ]  Female [ ]

Marital Status: Single [ ]  Married [ ]  Widowed [ ]  Divorced [ ]

 If Married, Name of Spouse:       Number of Children:

Applicant’s Parents (or someone who will always know your address)

 Name:

 Address:

 Telephone: ( ) -

 Number of years served under appointment in the Florida District:

Home Church:       City:

1. **Educational Experience**

Colleges Previously Attended:

 Name:       Location:

 Major:       Degree:       Date:  / /

Situation for which application is made:

 Name of institution:       Planned Graduation Date:

 Number of semester hours you have registered for this term:

 Classification:       Grade Point Average:

1. **Commitment**
2. I understand this application is a reaffirmation of my membership vows in the Wesleyan Church and is interpreted to mean that I cordially accept the Articles of Religion, Membership Commitments, Elementary Principles and church polity as set forth in the *Discipline* of the Wesleyan Church as the exponent of my faith and rule of conduct.
3. While enrolled I will report concerning my Wesleyan church attendance and involvement to the proper campus personnel.
4. My intention is to serve in a Wesleyan church after graduation in a lay or pastoral role.

*Signature:* *Date:*  */ /*

Please give the address of the educational institution where this money should be sent:

Please give the account name/number at your educational institution that this money should be accredited to:

**Please return this form to:**

Florida District of the Wesleyan Church

Email: do@floridawesleyan.com

Standard mail: 3807 Maryweather Ln. Wesley Chapel, Fl 33544

**For Office Use Only:**

District Representative Approval

 Signature:       Date:  / /

 Amount Approved:

**Email any questions about this application to** **studentdevelopment@floridawesleyan.com**