

# JOHN D. McCANN SCHOLARSHIP FUND

## NEED-BASED APPLICATION

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 e-mail address \_\_\_\_\_ Cell phone \_\_\_\_\_

Seminary you are presently attending. \_\_\_\_\_  
 Seminary's address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Your current semester \_\_\_\_\_ Month/year you plan to graduate \_\_\_\_\_  
 Name of spouse (If applies) \_\_\_\_\_  
 Name & ages of children (If applies) \_\_\_\_\_

Number of dependents you are responsible for financially \_\_\_\_\_

**SEMINARY EXPENSES:** Semester Tuition \_\_\_\_\_ Semester Books \_\_\_\_\_ Room/Board \_\_\_\_\_  
 Other seminary expenses for the semester for which you are seeking funds Amount: \_\_\_\_\_ What are they? \_\_\_\_\_

Do you have previous debt? ☐ Yes ☐ No If yes, how much? \_\_\_\_\_  
 If yes, to whom is it owed? \_\_\_\_\_  
 If yes, for what was the debt incurred? \_\_\_\_\_

**LIST HOUSEHOLD FINANCIAL RESOURCES:** (include: scholarships, grants, church, employment, retirement, investments, other)

	<u>Amounts</u>	<u>Source of funds</u>	<u>Funds Used For</u>	<u>Time Period</u> (if applies)
1.				
2.				
3.				
4.				
5.				
6.				
7.				

How much are you requesting from the McCann scholarship fund? \_\_\_\_\_  
 What expenses would it cover that are not listed? \_\_\_\_\_

What other pertinent information do you feel the committee should know as we consider you for a McCann Scholarship? (This may be put on an attached sheet) \_\_\_\_\_

I attest that the above information is correct to the best of my knowledge.

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

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### GRANT APPLICATION

Household Expenses		Year	Months	Further Explanation, if necessary or requested
1.	Rent/Mortgage			
2.	Utilities (water, electric, gas)			
3.	Food & Groceries			
4.	Clothing			
5.	Telephone(s)			
6.	Recreation			
7.	Medical/Dental (Uninsured portion)			
8.	Health Insurance Premium			
9.	Life Insurance Premium			
10.	Other Insurances (Car, home)			
11.	Child-care (# of children)			
12.	Child living allowance			
13.	Working spouse expenses			
14.	Extraordinary Expenses (Explain)			
15.	Incidentals (Emergency/Unexpected)			
16.	Other			
	Seminary Expenses (from page 1)			
	Household Financial Resources (pg. 1)			Do not include your Scholarship request.
	Plus or minus Amount			

Exact numbers are not always possible, but in order to give a better perspective on need, please complete to the best of your knowledge.

### Committee on Preparation for Ministry use only!

Date received: \_\_\_\_\_ Received by \_\_\_\_\_

Amount awarded \$ \_\_\_\_\_ Date \_\_\_\_\_

Date request sent to the Presbytery Treasurer \_\_\_\_\_

Date check and letter sent to the student's seminary \_\_\_\_\_

Notes regarding application