

## THE REVEREND PAUL F. HOLMES MEMORIAL SCHOLARSHIP FUND – APPLICATION



The Reverend Paul F. Holmes Memorial Scholarship Fund was established in 1994 with the Kansas Area United Methodist Foundation to provide continuing education scholarship for clergy members of the former Kansas West Conference of The United Methodist Church for the purpose of enabling intensive study of longer than usual duration, such as sabbatical leaves and major continuing educational experiences. **The Reverend Paul F. Holmes Memorial Scholarship Fund has been amended so that clergy members of the Great Plains Conference of The United Methodist Church may qualify.**

Scholarships up to \$10,000.00 may be awarded to an approved applicant, subject to availability of funds.

### REQUIREMENTS

Eligible clergy members shall be those persons as defined in The Book of Discipline (*¶602.1, The Book of Discipline*) who are members of the Great Plains Conference of The United Methodist Church.

**Consideration Will Be Given To First-Time Applicants.**

Eligible applicants must meet **ONE** of the following criteria to be eligible for a scholarship:

1. Applicant must be involved in an educational study for personal professional development and/or spiritual formation and growth, other than education travel or a degree completion program.
2. Applicant must be taking a sabbatical leave pursuant to the provisions of The Book of Discipline (*¶351, The Book of Discipline*) to engage in an educational study or program for professional development.
3. Applicant must be taking a one-month or longer leave for continuing education and spiritual growth program pursuant to the provisions of The Book of Discipline (*¶350.2, The Book of Discipline*).
4. Applicant must be taking a formational and spiritual growth leave of up to six months pursuant to the provisions of The Book of Discipline (*¶350.3, The Book of Discipline*).

**THE REVEREND PAUL F. HOLMES MEMORIAL SCHOLARSHIP FUND SHALL NOT BE USED FOR EDUCATIONAL TRAVEL OR EDUCATIONAL DEGREE COMPLETION PROGRAMS.**

Print and mail the following application and supporting materials to the Administrative Assistant to the Board of Ordained Ministry of the Great Plains Conference of The United Methodist Church. The Board of Ordained Ministry will accept or deny applications for a scholarship, and determine the amount of an approved scholarship. All scholarships are subject to the availability of funds.

The Board of Ordained Ministry will then notify the Kansas Area United Methodist Foundation of an accepted scholarship application. Upon receipt of the notification from the Board of Ordained Ministry of an accepted scholarship application, the Kansas Area United Methodist Foundation will then contact the scholarship recipient to make arrangements for the distribution of scholarship funds.

**To Complete Your Application For  
The Reverend Paul F. Holmes Memorial Scholarship Fund  
Please Print And Fill Out The Following Application**

# THE REVEREND PAUL F. HOLMES MEMORIAL SCHOLARSHIP FUND – APPLICATION



First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

District: \_\_\_\_\_ Appointment: \_\_\_\_\_

## INSTRUCTIONS

- A. Prepare and attach to this application form a written statement of your purpose, goals and length of study. Include information about the educational event or program in which you will be enrolled.
- B. Which of the four criteria listed on the cover are you applying under?  1  or  2  or  3  or  4  
(Choose ONE)
- C. List below the following financial information about your actual or estimated costs and financial resources for the continuing education program:

COST		SOURCE OF FUNDS	
Air Fare:	\$	Local Church Funds:	\$
Meals:	\$	Paul F. Holmes Scholarship:	\$
Registrations:	\$	Other Scholarships:	\$
Housing:	\$	Matching Funds:	\$
Car Rental:	\$	Personal Funds:	\$
Other Expenses:	\$	Other Funds:	\$
<b>TOTAL:</b>	<b>\$</b>	<b>TOTAL:</b>	<b>\$</b>

Please provide any additional information regarding costs, funding that are relevant to the application and if the request is for a *Sabbatical Leave*, please include the cost of a local church interim pastor that the church would pay during the duration of the sabbatical on a separate sheet and attach it to this application.

*My signature below indicates that all the information submitted with my application is factually correct and honestly presented. I understand that false representation may result in denial of my application.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Please mail your completed application with supporting materials to:

Nicole Guthrie  
Administrative Assistant  
Board of Ordained Ministry of the Great Plains Conference  
PO Box 4187  
Topeka, KS 66604