



**BALTIMORE-WASHINGTON CONFERENCE
BOARD OF ORDAINED MINISTRY
Ministerial Education Fund**

RENEWAL APPLICATION

Name: _____ District: _____
Last Name First Initial

Daytime/Cell Phone: _____ Evening Phone: _____

Seminary: _____

Financial Aid Officer: _____ Phone: _____

I hereby certify that I have registered for the following specific courses and hours for the
 Fall Term Spring Term Summer Session Year: _____

Course Number	Course Name	Academic Hours

Total Credit Hours: _____

I am requesting \$350 per credit in funding, for a total of \$ _____

Applicant's Signature:

_____ Date: _____

Return form to bomstaff@bwcumc.org

Revised January 2019

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SEMINARY CERTIFICATION FORM

PLEASE COMPLETE PARTS A and B ONLY and RETURN TO THE REGISTRAR'S OFFICE OR OTHER APPROPRIATE OFFICE OF THE SEMINARY YOU ARE ATTENDING.

A. PERSONAL INFORMATION

Applicant's Name: _____

Address: _____

Seminary: _____

B. RELEASE OF INFORMATION

I hereby authorize _____ to release the information requested below to The Baltimore-Washington Conference.
(Seminary)

Signature

Date

C. CERTIFICATION INFORMATION

I hereby certify that _____ is currently enrolled as a candidate for the degree of _____ at _____ and is currently registered for _____ hours of academic credit.

- Yes**, this student has maintained an average of "C" or better this past semester.
- No**, this student has not maintained an average of "C" or better this past semester.

Semester: Fall Spring Summer

Signature

Title

Date

Send completed form to: bomstaff@bwcumc.org