

2024-2025 United Methodist Minister's Family Tuition Award Application

Minister's Family Awards for full-time study are given to an undergraduate student who is the dependent child of or a graduate student who is the spouse of a United Methodist Minister, who is ordained, under appointment, retired, or deceased. Participants must meet all of the standard requirements for admission to the University and must maintain a 2.000 overall cumulative grade point average in order to maintain eligibility. Participating students must be candidates for a baccalaureate degree or a graduate degree (students enrolled in the MLS program are not eligible) and must not have received a previous degree from SMU.

Graduate students must provide the following:

*Spouse: first page of current year joint tax return to demonstrate marital status

(Note: **Undergraduate students** do not need to provide tax returns)

This award is up to \$3,500 tuition and fees credit each standard semester for a maximum of eight semesters of full-time undergraduate or graduate study, which must be completed within five consecutive calendar years. All university aid cannot exceed tuition and fees. A new application is required annually for award renewal.

Applicant Information:				
Student Name:			SMU ID #:	
Address: Street		Birth date:		
			Academic Program:	
City <u>Church Affiliation</u> :	State	Zip	Student Classification:	
Church Name:			Annual Conference:	
Address: Street				
City	State	Zip		
Student's Signature			Minister Parent's Signature (OR)	
Date			Minister Spouse's Signature	



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CERTIFICATION OF PASTORAL APPOINTMENT

I hereby certify that	·	, parent/spouse o					
the student applica	nt named in	the above applic	ation, is currently and acti	vely engaged in			
pastoral work, appo	inted to the I	position of					
at	, or that the parent/spouse is now superannuated						
or deceased and wa	as engaged ir	n active pastoral	work immediately prior to	death or being			
superannuated.							
Signature of Distric	t Superintend	dent or	Title				
Bishop who supervi	ses the Minis	ster's appt.					
Address			. — ——————————————————————————————————				
Address			Date				
City	State	Zip	•				