

Western North Carolina Conference
The United Methodist Church
Course of Study Scholarship Request Form

Full Name _____ Gender: Male Female
(Last) (First) (Middle)

Name of church where you are appointed: _____ District: _____

Conference Status: Full-Time Part-Time

Mailing Address: (street) _____
(city, state, zip) _____

E-mail Address: _____

Name of school: _____ Summer COS Week-end COS

List the course(s) and dates
for which you want funds _____

By signing this request, I acknowledge that I am requesting funds from the Board of Ordained Ministry, to apply toward Course of Study fees. If I do not successfully complete the course with a grade of C, or better, then I understand that I must repay the money, or make arrangements to retake the course at my own expense, within one year.

(Student's Signature) (Date)

The deadline for Weekend Scholarship Applications is the first day of the month prior to which the course is offered. Contact the [Rev. Kimberly T. Ingram](#) with questions.

Rev. Kimberly T. Ingram, Director of Ministerial Services
WNCC Memorial Center
PO Box 18005
Charlotte NC 28218

704.535.2260 x112
[Rev. Kimberly T. Ingram](#)