

2012 Robert D. Snyder Memorial Scholarship

Full Name: _____ Male () Female ()

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____ Fax: () _____

Email Address: _____

Local Church: _____ District: _____

High School: _____ Year of Graduation: _____ GPA: _____

College: _____ Year of Graduation: _____ GPA: _____

College Major: _____ College Minor: _____

Seminary: _____ Year: (Circle) 1 2 3 4

1. Please list School Achievements/Honors:

High School: _____

College: _____

Comments _____

2. Church Involvement: Local Church, District, East Ohio Conference) Please attach

additional sheets if necessary: _____

3. Please List Community Volunteer Service: _____

4. Please list the Scholarships you have already received: _____

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5. Briefly explain your financial need, include loan status, and how you plan to pay for seminary: _____

6. Please list three references. There should be one reference from each of the following areas. Give each reference a copy of the Reference Form. You are responsible for their completing and returning all forms.

Pastor:

Name: _____ Address: _____

Teacher (College or Seminary):

Name: _____ Address: _____

Lay Person who has worked with you in Ministry:

Name: _____ Address: _____

7. Please attach the completed District Committee on Ordained Ministry Form.

My District Committee on Ordained Ministry Registrar is: _____

8. Please attach an essay that deals with the following two areas:

- A. Why you are committed to Pastoral Ministry in the East Ohio Annual Conference.
- B. Tell why your ministry is Evangelical in doctrine and in practice. Please include a statement of faith and any part of your faith journey that would support this position.

(Name Signature)

(Date)

This form *must* be postmarked no later than March 1st. Please send all completed material to: Becky Evanoff 2830 Abraham Ave. Massillon, Ohio 44647

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Purpose

This Scholarship is in memory of Rev. Robert D. (Bob) Snyder. Bob was one of the founders of the East Ohio Evangelical Association and was a leader in the Evangelical movement within the United Methodist Church. This scholarship has been created to honor His memory and to perpetuate the calling of Evangelism, that so characterized his life.

Scholarship Eligibility

This Scholarship will be given to a Seminary Student that is Evangelical in doctrine and practice, as evidenced by their statements of faith and by the recommendations of those who know them. Preference will be given to individuals who are pursuing Elders Orders and plan to serve in the Pastoral Ministry of the East Ohio Annual Conference. The recipient must be in the Candidacy Process working toward Ordination as an Elder. All decisions of the Scholarship Board are final.

Scholarship Amount

The Scholarship will be for **\$500.00**. The check will be made out to the individual and the Seminary they attend.

Scholarship Timeline

Forms will be available on or about December 1st.

Forms must be completed and postmarked no later than March 1st.

The Scholarship recipient will be notified by April 1st.

The Scholarship Check will be sent to the recipient/school by August 15th.

Completed Applications

The completed application, 3 recommendation forms, essay, and the District Committee on Ordained Ministry Form must be sent to the Following location, no later than March 1st. To assure that you receive due consideration, it *would be helpful if all information came together in one package*. The candidate is responsible for seeing that all paperwork is completed and returned on time.

Please send all information to:

Snyder Scholarship
c/o Becky Evanoff
2830 Abraham Ave.
Massillon, Ohio 44647

Rev, Michael D. Grant
Robert D. Snyder Scholarship Board Chair
(330) 757-1553

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District Committee on Ordained Ministry Form

On behalf of the District Committee on Ordained Ministry of the _____

District of the _____ Conference of the United Methodist Church, I

certify that _____ is in good standing with the District

Committee on Ordained Ministry and is on the Elder Track toward Ordination.

(Signature of DCOM Registrar)

(Date)

Please return to the Candidate so that all material can be sent postmarked no later than March 1st.

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Recommendation (Reference) Form

Candidate's Full Name: _____

Your Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

Local Church: _____ District: _____

I have known the Candidate _____ years.

Please mark one of the following that represents your relationship to the candidate:

- () Current or former Pastor.
- () Current or former Teacher.
- () Lay Person who has worked with the Candidate in ministry.

1. What is your assessment of the Candidate's potential as a Minister in the United Methodist Church?

2. What do you see as the Candidate's greatest strengths and weaknesses?
