

# 2009-2010 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 the names of your 3 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)

# 2009-2010 Robert D. Snyder Memorial Scholarship

This form *must* be postmarked no later than March 1<sup>st</sup>, 2009. Please send all completed material to: Becky Evanoff 2830 Abraham Ave. Massillon, Ohio 44647

## 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 for the 2009-2010 school year 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 1<sup>st</sup>, 2008.

Forms must be completed and postmarked no later than March 1<sup>st</sup>, 2009.

The Scholarship recipient will be notified by April 1<sup>st</sup>, 2009.

The Scholarship Check will be sent to the recipient/school by August 15<sup>th</sup>, 2009.

## 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 1<sup>st</sup>, 2009. 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

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

11-08

# 2009-2010 Robert D. Snyder Memorial Scholarship

## District Committee on Ordained Ministry Form

On behalf of the District Committee of the \_\_\_\_\_  
(District Name)

District of the \_\_\_\_\_ Conference of the United  
(Annual Conference)

Methodist Church, I certify that \_\_\_\_\_  
(Name of Candidate)

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 1<sup>st</sup>, 2009.

# 2009-2010 Robert D. Snyder Memorial Scholarship

## Recommendation (Reference) Form

Candidates 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?

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

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