



**Professional Administrators of the United Methodist Connectional Structure
Memorial Scholarship Fund**

Application for Financial Aid 2024 Annual Conference

Please answer all questions as accurately and completely as possible. Return the completed application with letters of reference from:

- 1) Your Pastor/Supervisor, and
- 2) Staff-Parish Relations Committee if applicable.

Return *Judy Gross*
Completed *PAUMCS PTS Chairperson*
Packet to: *ptschair@paumcs.org*
BY DEADLINE OF February 1, 2024

Scholarships shall be granted on an individual need basis and limited to available funds. The amount of each scholarship for registration shall be considered by the PAUMCS Professional Training and Standards (PTS) Committee.

Applications will be accepted on a first come, first served basis, and processed only when all requirements are completed. National PAUMCS members will be given priority. Non- member applicants will be considered if funds are available.

(Please print or type all answers)

Personal Information

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

Employment Information

Name of Conference/District/Church: _____

Job Title: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail address: _____

Size of your church's congregation: _____

Other Information:

1. Are you a National Member of PAUMCS? Yes No Local Chapter? Yes No
2. Have you ever attended a PAUMCS Annual Conference? Yes No
3. Have you ever attended a Local Chapter meeting? Yes No
4. How long have you worked in your present position? _____
5. What are your goals with relation to your job and how will the PAUMCS Conference help you to reach them? _____

6. Have you received a PAUMCS (or Leslie Bayles) Memorial Scholarship Fund in the last four years?
Yes No
7. How much financial assistance will you receive from your employer, SPRC, UMW, or other group? _____
8. Reasons for the need of this scholarship: _____

9. Estimate your cost for this conference (include travel expenses) \$ _____
10. Requested amount from the PAUMCS Memorial Scholarship Fund: \$ _____

Signature of Applicant: _____ Date: _____

Signature of Pastor/Supervisor: _____ Date: _____

For PTS Committee only:

Date received: _____ Amount Requested \$ _____

Membership Dues up to date: Yes No

Date sent to PTS Committee: _____ Date notified: _____

Amount received: _____ Approved: Yes No

Reason Declined: _____

Date sent to: Registrar _____ Treasurer _____ President _____

Vice President _____ GCFA Staff Representative _____