

**Service Loan Application**  
**Application for South Georgia**  
**Rev. Gene Cochran, MEF Chair**

**P.O. Box 18149**  
**Phone: 478-742-4766**

**Macon, GA 31209**  
**Fax: 478-742-8012**

**Email: [ecochran@sgaumc.com](mailto:ecochran@sgaumc.com)**

Effective July 1, 2010

Dear Friend,

In response to your request, I am sending you information regarding the Ministerial Education Fund. This fund assists seminary and college students, who are certified candidates for ministry in the South Georgia Conference. It remits funds at the rate of \$150 per semester/quarter hour for seminary, \$50 per semester/quarter hour for college, for a maximum annual total of \$3,600. Please note that funds are sent to you AFTER credit is earned and the academic claim form (enclosed) is completed and returned by the Registrar's office. The only exception is for students who receive matching fund scholarships (Sherman, Jones, etc.).

Enclosed you will find these documents:

1. Aid Application – Remember to get District Superintendent's signature (pg. 3) and forward page 6 to the financial aid office of the seminary or college. Return the completed package to me. You must sign the *Service Loan Agreement* included in the application (pg. 2).
2. Academic Claim Form (page 6) At the end of each semester/quarter, ask the registrar to complete and mail to me. Make additional copies of this form for use after each semester/quarter. Remember it is your responsibility to see that the registrar sends this form after each semester/quarter.

***\* Please note: The Ministerial Education Fund scholarship can only begin after I have received your application! This award is not a reimbursement. It is a loan. Therefore you cannot receive monies for semesters you have completed before we have received your completed Service Loan Agreement. The completed form and the signed Service Loan Agreement must be received before the loan begins.***

***\* Receipt of money requires you to serve in the South Georgia Conference for FIVE years after the completion of your schooling. Upon completion of this requirement, you will have satisfied your obligations. No repayment of funds will be required.***

***\* It is the applicant's responsibilities to follow up with the Chair of the MEF concerning completion of the application and current status. The MEF chair will not contact you concerning your application (there are simply too many). Please feel free to call the Chair to check on your application status. Remember you must understand that it is the Student's responsibility to submit the Academic Credit Claim Form at the end of each semester to receive the Service Loan (see #2 above).***

If you have any questions, please feel free to call me at the church office number listed above. May God bless you and guide you in your life and your ministry. Please feel free to call upon me if you have any questions. I am praying for success in your schooling and your ministry.

In Christ,

Rev. Gene Cochran  
Chair, Ministerial Education Fund

**Pledge of the Applicant**

**You must fill out and sign to receive the MEF Service Loan.**

If this Service Loan, or any portion of it is granted, I will use it only toward education expenses. It is my understanding that I am to serve five (5) years indicated in the Service Loan Agreement after completion of the first professional degree for conference membership or consecration as a diaconal minister in the South Georgia Conference of the United Methodist Church. Should I fail to do so, this service loan shall become due and payable immediately upon the terms specified in the Service Loan Agreement, printed below.

I also authorize \_\_\_\_\_ (Name of Institution), and  
\_\_\_\_\_ (District Superintendent) to release information to  
the South Georgia Annual Conference Board of Ordained Ministry concerning my education and Service  
Loan.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**Service Loan Agreement**

**You must sign in order to receive the MEF Service Loan**

Name: \_\_\_\_\_

*The South Georgia Annual Conference Ministerial Education Fund*

For Value Received, I promise to pay the South Georgia Conference Board of Ordained Ministry, the sum of \_\_\_\_\_ dollars, plus interest at 3%, such interest being due and payable ONLY at date of severance of Conference relationship.

It is understood that this obligation shall be cancelled by 5 (five) years of full time service in the United Methodist Ministry, Ordained, after completion of the first professional degree, or Diaconal, after consecration, permanent incapacity, or death. If the borrower for any reason serves in the effective relationship only a fraction of the 5 years, proportional adjustment shall be made.

Mail completed form to:  
**Rev. Gene Cochran**  
**Ministerial Education Fund**  
**P.O. Box 18149**  
**Macon, GA 31209**  
**Phone: 478-742-4766 Fax: 478-742-8012**  
**Email: ecochran@sgaumc.com**

## District Superintendent Recommendations

The District Superintendent should review the entire application and provide any additional information that may assist the committee. After signing, please return to the applicant, or mail to the MEF Chairperson at the address listed below.

Do your records indicate that this person is a certified candidate for ministry?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, are they seeking ordination; \_\_\_\_\_, seeking diaconal \_\_\_\_\_

I recommend favorable consideration of this application for a service loan:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

District: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Additional Comments:

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**Service Loan Application**  
**South Georgia Ministerial Education Fund**  
**2008-2012**

**PERSONAL HISTORY**

Name: (First, Middle, Last): \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address (or parents' address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Marital Status: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Widowed: \_\_\_\_\_ Divorced: \_\_\_\_\_

Spouse's Name (if applicable): \_\_\_\_\_

Do you have children? \_\_\_\_\_ Give ages of each: \_\_\_\_\_

Do you have dependents living with you? \_\_\_\_\_

If so, what is the relationship? \_\_\_\_\_

Indicate any special circumstances that you would like the committee to be aware of (attach additional page if necessary):

**EDUCATION HISTORY**

Are you a full-time student? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Number of hours \_\_\_\_\_

What degree are you working toward? \_\_\_\_\_

List institutions previously attended:

Name: \_\_\_\_\_ Hours completed/Degree Earned: \_\_\_\_\_

Name: \_\_\_\_\_ Hours completed/Degree Earned: \_\_\_\_\_

Name of School you are currently enrolled in, or pre-enrolled in: (Seminary, Grad School, College)

\_\_\_\_\_

Year in College: Fr. \_\_\_\_\_ So. \_\_\_\_\_ Jr. \_\_\_\_\_ Sr. \_\_\_\_\_

Year in Seminary: First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_ Fourth \_\_\_\_\_

Other: \_\_\_\_\_

**MINISTERIAL RELATIONSHIP**

*(IF YOU ARE PLANNING ON PURSUING ORDINATION AS ELDER OR DEACON, COMPLETE THE FIRST SECTION. IF YOU ARE PLANNING ON PURSUING DIACONAL MINISTRY, COMPLETE THE SECOND SECTION.)*

**Section 1. Candidate/or Ordained Ministry (Only certified candidates are eligible for loans!)**

Have you been certified as a candidate for ministry? Yes: \_\_\_\_\_ No: \_\_\_\_\_

District: \_\_\_\_\_

Relationship to the South Georgia Conference: Local Pastor: \_\_\_\_\_

Probationary Member: \_\_\_\_\_ Associate Member: \_\_\_\_\_ Full Connection: \_\_\_\_\_

Do you plan to serve as a pastor of a local church in South Georgia upon completion of your education?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, what form of Christian ministry do you plan to enter? \_\_\_\_\_

Do you expect to become a fully ordained member of the South Georgia Conference?

**Section 2. Candidate/or Diaconal Ministry (Only certified candidates are eligible for loans!)**

Have you been certified as a candidate for the ministry? Yes: \_\_\_\_\_ No: \_\_\_\_\_

District: \_\_\_\_\_

Do you plan to serve as a diaconal minister in a local church upon completion of your education?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, what form of Christian ministry do you plan to enter?

\_\_\_\_\_

***M.E.F. Academic Credit Claim***

Student \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Course \_\_\_\_\_ Grade \_\_\_\_\_ Quarter/Semester Hours \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate which Semester & Year: \_\_\_\_\_ Fall (20\_\_) Winter (20\_\_) Spring (20\_\_) Summer (20\_\_)

College or Seminary \_\_\_\_\_

Signature of Registrar \_\_\_\_\_

**Do not write below this line.**

\_\_\_\_\_

Number of hours \_\_\_\_\_ X service loan per hours \_\_\_\_\_ = the amount of disbursement \_\_\_\_\_

Date authorized \_\_\_\_\_

\_\_\_\_\_  
Ministerial Education Fund Chairperson

\* Please make copies of this form for future use.

\* At the end of each quarter/semester, please ask the registrar to complete and mail to:

**Rev. Gene Cochran**  
**Ministerial Education Fund**  
**P.O. Box 18149**  
**Macon, GA 31209**

**Service Loan Application**  
Ministerial Education Fund  
South Georgia Conference of the United Methodist Church  
Southeastern Jurisdiction

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Institution/School: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Ordained (Elder/Deacon): \_\_\_\_\_ Diaconal Ministry: \_\_\_\_\_

The Ministerial Education Service Loan is a fund to assist in providing adequately trained leaders for our churches by:

1. relieving some of the monetary pressure where such pressure may well prevent candidate from obtaining the necessary education, and
2. reducing the necessity for too much employment while in school, allowing more time for study.

*\*\* Please note: The Ministerial Education Fund is a Service Loan, not a scholarship! A Service Loan is a loan that can be repaid by serving five years in the South Georgia Conference after completion of your educational requirements. If one receives a Service Loan and does not serve in the South Georgia Conference, cash repayment of the loan is expected plus 3% interest from the date of graduation. Also, you must be a Certified Candidate for ministry to receive the Service Loan.*

**INSTRUCTIONS: (Please Read Carefully)**

1. Complete application.
2. Ask your District Superintendent to complete page 3 of this application.
3. Ask your registrar/financial aid department to complete page 8 of this application.
4. Mail completed application (including completed pages 2, 4, and 5) to the MEF Chairperson (address on page 6).

**A Note about Receiving Funds**

1. Eligibility for funds will be approved after this application and accompanying forms are completed and returned to the MEF Chairperson.
2. It is YOUR responsibility to insure that your registrar mail your grades (academic claim forms, completed page 8) to the MEF Chairperson. No funds can be disbursed until these grades have been received.
3. All funds are sent to the student AFTER the end of the semester/quarter (except for Sherman/Jones scholars).

School Recommendation

This section is to be completed by the applicant's institution and returned to the MEF Chairperson at the address listed below.

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student's Classification as of: \_\_\_\_\_ (Date) \_\_\_\_\_

College: Fr. \_\_\_\_\_ So. \_\_\_\_\_ Jr. \_\_\_\_\_ Sr. \_\_\_\_\_

Seminary: First: \_\_\_\_\_ Second: \_\_\_\_\_ Third: \_\_\_\_\_ Fourth: \_\_\_\_\_

Other (specify): \_\_\_\_\_ Quarter: \_\_\_\_\_ Semester: \_\_\_\_\_

Do you expect this student to be full time? Yes: \_\_\_\_\_ No: \_\_\_\_\_

How many hours are required for full time status? \_\_\_\_\_ Hours

What was the cumulative grade point average at the end of the last term on a \_\_\_\_\_ scale?

\_\_\_\_\_ Grade Average

Remarks: Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mail completed form to:  
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