**BILL AND ANNA JENTZSCH ENDOWMENT BURSARY APPLICATION**

This bursary was set up as a memorial trust fund in 1994 with an initial gift of $100. The fund was subsequently added to with maturing of a significant annuity and the ensuing interest. Its purpose is to support women in ministry.

Awards of up to $5,000 will be provided from this fund.

Please submit your completed form by email to scharter@united-church.ca

**Personal Information:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** | |
|  | |
| **Telephone number:** | **E-mail address:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you female?** | **🞎Yes** | **🞎No** |  |
| **Are you in paid accountable ministry?** | **🞎Yes** | **🞎No** |  |
| **Are you a lay, ordained or diaconal minister?** | **🞎Lay** | **🞎Ordained** | **🞎Diaconal** |

|  |
| --- |
| **What studies, education or professional development are you pursuing and at what institution?** |
|  |
| **What is your purpose for seeking this educational opportunity? How will it enhance your capacity to provide ministry?** |
|  |
| **Please state briefly any other information pertinent to your application. For repeat applicants, please provide an update on your studies.** |
|  |
| **Please indicate how you heard of the Bill and Anna Jentzsch Endowment Bursary Fund.** |
|  |

**Please attach two letters of reference supporting your pursuit of this opportunity**.

**JENTZSCH ENDOWMENT BURSARY FUND**

**STATEMENT OF PERSONAL FINANCES**

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

First Name Middle Name Last Name

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

Street City Province

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Postal Code Office Home

Year of entry into current post-graduate program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously been awarded this bursary? Yes \_\_\_ No \_\_\_

Are you applying for any other scholarships or bursaries? Yes \_\_\_ No \_\_\_

What other scholarships/bursaries have you received?

**I N C O M E**

Number of dependents other than self: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Net family income from all sources: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount received for housing and transportation, if applicable: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL INCOME: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E X P E N S E S**

Housing costs $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other living costs $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Debt payment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated study expenses for year of application:

Tuition $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Fees $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Books $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please state nature)

Research costs $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please provide a statement of amount and nature of

any special research costs being required)

Other $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Study Expenses:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL EXPENSES: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount of Scholarship Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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