# The Hampden Association

Massachusetts Conference - United Church of Christ

**Submit form to:**
Foy Miller, Scholarship Chair
Committee on Church & Ministry
14 Overlook Rd
East Longmeadow, MA 01028

## In Care Scholarship Application page 1 of 2

for Students "In Care" of The Hampden Association

**Application for**: ☐ Psych Eval ☐ Fall (Sept - Jan) ☐ Spring (Feb - June) ☐ Summer ☐ CPE

**Please print**

**Name**: _____ **Date**: _____
First MI Last

**Address**: _____
Street Town State Zip

**Phone**: _____ **Fax number**: _____ **E-mail**: _____

**Institution:** _____ ☐ Full Time (3 courses per semester)
☐ Part Time (> 3 courses per semester)

**Address**: _____

_____

**Student ID number**: _____

**(NOTE: First time applicants must submit a copy of acceptance letter from seminary)**

**Member of what church?** _____ **Date joined**? _____

**In-Care Advisor**: _____
(Please Print)

**Signature**: _____ **Date**: _____

**Comments**: (Use additional sheet if necessary.)

**Amount awarded**: Hampden Association Scholarship $_____

Emmanuel Scholarship Fund $_____

**Approved by**: _____ **Date**: _____

1/10/2011

# The Hampden Association

Massachusetts Conference - United Church of Christ

**Submit form to:**
John Moulton, Scholarship Chair
Committee On Church & Ministry
24 Gates Avenue
East Longmeadow, MA 01028

## In Care Scholarship Application page 2 of 2: Financial Information

for Students "In Care" of The Hampden Association

**Application for**: ☐ Psych Eval ☐ Fall (Sept - Jan) ☐ Spring (Feb - June) ☐ Summer ☐ CPE

**Please print**

**Name**: _____ **Date**: _____
First MI Last

**Degree you expect to receive**: _____

**Expected completion date**: _____ **Credits needed for degree**: _____

**Credits earned to date**: _____ **This semester**: _____ **Future credits:** _____

| **Courses for which you are registered**: | **Credits** | **Cost** |
|---|---|---|
| _____ | _____ | $_____ |
| _____ | _____ | $_____ |
| _____ | _____ | $_____ |
| _____ | _____ | $_____ |

| | |
|---|---|
| **Fees**: | $_____ |
| Meal plan, commuter cost, other billed costs: | $_____ |
| Book cost estimate: | $_____ |
| Travel and other estimate: | $_____ |
| **Total estimated cost for semester of application**: | **$_____** |

**Resources**:

| | |
|---|---|
| Your Church's contribution: | $_____ |
| Seminary scholarship or grant expected: | $_____ |
| Other scholarship or grant expected: | $_____ |
| Seminary loan expected: | $_____ |
| Your contribution from your employment: | $_____ |
| Contribution from other family resources: _____ | $_____ |
| Hampden Association funds applied for: | $_____ |
| **Total estimated resources for this semester**: | **$_____** |

**Comments**: (Use additional sheet.)

1/10/2011