

# Application for Ministry Education Fund Scholarship

*"Let your light shine before others, so that they may see your good works and give glory to your Father in heaven." ~Matthew 5:16 (NRSV)*



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## Mission & Purpose

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Ministry Education Fund Scholarships support women pursuing ministry-related education for a church-related career at any accredited college, university, or graduate school. Scholarships are for degree programs only.

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## Scholarship Guidelines

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- Applicants must be at least 21 years old.
- Applications must be completed and received by April 30 to be considered.
- Scholarships are need-based and dependent on available funds.
- Scholarship recipients must reapply each year for continued support.

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## Application Requirements

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Applicants must submit the following as a complete packet to [mef@doknational.org](mailto:mef@doknational.org) or by mail.

1. **Application for Ministry Education Fund Scholarship**
2. **Letter of recommendation from your clergy.**
3. **Three letters of recommendation:** From three church women, preferably members of The Order.
4. **Personal Statement** (on a separate sheet of paper) – Provide a detailed explanation of:
  - a. How this education will serve the Church.
5. **Essay** (on a separate sheet of paper & 500 words or less) – Provide a detailed explanation describing:
  - a. God's call on your life.
6. **Financial Hardship explanation**, if applicable.
7. **Proof of Current Enrollment or Acceptance Letter.**
8. **Ministry Education Fund Payment Request Form** (available at [www.doknational.org](http://www.doknational.org))
9. **IRS Form W-9** (required for individuals or businesses receiving funds) – [www.irs.gov/formW9](http://www.irs.gov/formW9)

### Renewal Request for a previously approved multi-year program

1. **Brief essay** – Provide a detailed explanation of what your scholarship from The Order has meant to you.
2. **Proof of satisfactory academic progress** (e.g. unofficial transcript).
3. **Letter of recommendation:** From an academic advisor or mentor.

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## Scholarship Recipient Information

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

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Has the applicant previously received a grant or scholarship from The Order?

☐ Yes ☐ No      If yes, which Fund and when? \_\_\_\_\_

Is the applicant 21 years or older? ☐ Yes ☐ No      Is the applicant a member of The Order? ☐ Yes ☐ No

If yes, Member #: \_\_\_\_\_      If a member, is the applicant current in their dues? ☐ Yes ☐ No

# Application for Ministry Education Fund Scholarship Continued

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## Education & Training Information

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Application for Academic Year: 20\_\_ - 20\_\_

Currently enrolled? ☐ Yes ☐ No

Academic Goal(s): ☐ Certification ☐ Master of Divinity ☐ Ordination ☐ Other: \_\_\_\_\_

Years Required for Completion: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

If a Postulant, provide Diocese and Bishop name (or N/A): \_\_\_\_\_

Institution Mailing Address: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Financial Aid Office Email: \_\_\_\_\_

Is the institution accredited? ☐ Yes ☐ No If yes, Type of accreditation: \_\_\_\_\_

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## Financial Information

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*Include supporting documentation for all expenses.*

Expenses: (Description and amount)

Financial Resources: (Description and amount)

\_\_\_\_\_\$ \_\_\_\_\_  
\_\_\_\_\_\$ \_\_\_\_\_  
\_\_\_\_\_\$ \_\_\_\_\_  
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**Amount of Grant Money Requested: \$** \_\_\_\_\_

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## Scholarship Recipient Agreement

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I pledge that the work funded by this grant will be used to make Christ known to others and spread God's love throughout the world.

I certify that:

- The funds received will be used only for the stated purpose.
- Any excess funds will be returned to The Order of the Daughters of the King.
- I am responsible for providing the required feedback to the Ministry Education Fund Chair as specified in the award notification letter.
- The Order has my permission to publish my name and/or photographs in its publications and correspondence.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_