Page 1

# SAATMAN MEMORIAL TRUST FUND APPLICATION FOR AID OR ASSISTANCE



Print

ADDRESS \_ \_

TELEPHONE CELL \_ E-MAIL \_ \_ BIRTH DATE \_\_

MARITAL: Single Married Widowed Divorced DRAFT CLASSIFICATION \_ DEPENDENTS: Children Ages Other \_ \_

HOME CHURCH: Name \_ \_ Address \_ Pastor's Name Telephone \_ Pastor's Address \_

EMPLOYMENT: Self 

Employer's Name \_ Employer's Business Telephone \_ Employer's Address \_\_ Position Held Annual Income $ \_

SPOUSE'S EMPLOYMENT: Self Other Duration \_

Employer's Name --------------------------

Employer's Business Telephone \_ Employer's Address \_

Position Held -------------

Annual Income $--------

OTHER INCOME: Type \_ Annual Amount $ \_

SCHOLARSHIPS, GRANTS, AWARDS, ETC.: Describe \_ \_

\_ Annual Amount $ \_

ESTIMATED EXPENSES: Detail on separate sheet-------- Annual Amount $--------

AID OR ASSISTANCE REQUIRED: Annual Amount $ \_\_

SCHOOL ATTENDING: High or Preparatory School College Post-graduate

Name \_ \_ Address \_

SCHOOL PROPOSED TO ATTEND: College Post-graduate Other

Name \_ \_ \_\_ Address \_

FOR USE OF TRUSTEES ONLY:

Application action date \_ \_ Accepted Rejected Amount Awarded $\_ \_

SMTF Applic Pg 1 1/19/04

Page 2

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REFERENCES: Please submit one or more reference letters from the pastor of your home church, district superintendent, or, if a student pastor, tl1e pastor of the church in which you are serving. Reference letters should focus mainly on the person's knowledge of your desire to serve in Christian ministry and your need for financial help.

MOTIVATION AND DESIRE: Describe what motivated your desire to serve in the Christian ministry and what you are desirous of achieving in this, your chosen field. If necessary , attach a separate sheet.

GOALS AND AIMS: State your goals and aims and how you plan to accomplish them. If necessary, attach a separate sheet.



Submit application and reference letters to:

SAATMAN MEMORIAL TRUST FUND

c/o Board of Trustees

Frankford Memorial United Metllodist Church 1300 Dyre Street

Philadelphia, PA 19124-1933

SMIT Applic Pg 2 I *II* 9/04

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