

SAATMAN MEMORIAL TRUST FUND
APPLICATION FOR AID OR ASSISTANCE

NAME _____ APPLICATION DATE _____

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 _____ Other _____ Duration _____

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 \$ _____

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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, the 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.

SIGNED: _____ DATE: _____

Submit application and reference letters to:
SAATMAN MEMORIAL TRUST FUND
c/o Board of Trustees
Frankford Memorial United Methodist Church
1300 Dyre Street
Philadelphia, PA 19124-1933