



UM History, Polity, and Doctrine Reimbursement Request and Service Agreement

The Board of Ordained Ministry will pay 40% of the tuition for those required to complete
UM History, Polity and Doctrine per BOM policy.

To be eligible for this reimbursement, send the following to the
BOM Secretary, 800 Daisy Bates Drive, Little Rock, AR 72202:

- * Completed and signed Application
- * Copy of the enrollement form, or bill validating price of course
- * Certified transcript verifying completion

Retain a copy for your files.

updated 10/2019

Personal Information

First Name _____ Last Name _____
Address _____
City _____ State _____ Zip _____
Email _____
Phone _____
Date of Birth _____ Social Security # _____

School Information

Name of Seminary _____ Location of Seminary _____
Reimbursement for UM History _____ UM Polity _____ UM Doctrine _____

Financial Information

Cost per Course _____
Amount of Loan Requested _____ *Example (Cost of Course) \$500 X 40 % = \$200*

Student's Statement and Pledge

I promise to pay \$_____ (loan amount) with interest of 4% annum from maturity until paid in full; or by ministry serving in the United Methodist Church under full time appointment. Loans will be forgiven for service one year per year (two semesters) of aid. Should I discontinue my ministry, I will repay in agreed installments. I will keep the Board of Ordained Ministry informed regarding any change of my address or status, as long as part of my indebtedness remains unpaid. I hereby certify that all information contained in this application is true and accurate.

Applicant's Signature _____ Date _____

District Registrar: *I certify that the applicant completed the course work documented and should be paid the requested amount on this application.*

District Registrar Signature _____ Date _____

District Superintendent: *I certify that the applicant has met all District Board requirements and his/her records are on file within the district.*

DS Signature _____ Date _____

Conference Registrar/Scholarships: *I have checked the application for correct submission and do hereby forward it to the Conference Treasurer for disbursement of funds.*

Registrar Signature _____ Date _____