

OMD Summer Institute Scholarship Application

Directions:

- The applicant should complete this form and attach a stamped envelope to your application, addressed to: Scholarship Coordinator, John Rodeheffer, 1360 Dale Ford Road, Delaware, OH 43015,
- **Talk** with a UU minister (preferred), DRE, or other professional staff about completing a *Letter of Support* form. If you do not have a traditional congregation or your congregation doesn't have any professional staff, select a supporter who is familiar with your connection to UU and economic situation. Give your supporter your completed & signed application with the envelope and the Letter of Support form.
- Your supporter must complete the *Letter of Support* form and then mail the completed application with the form to the Scholarship Coordinator by **June 1st. This deadline is firm.** Applications cannot be processed without the Letter of Support.

1. Complete the following table for each member of your household attending SI:

| Full Name | Address | Telephone | Email | <u>Check applicable</u> | Child's |
|-----------|---------|-----------|-------|-------------------------|---------------------------|
| | | | | Youth Program | Young Adult Program |

2. What is the minimum amount of scholarship funding that you need to attend SI? _____ T-shirts are not included; recipients must register for volunteer work assignments. See the "Costs and Fees" page on the website, www.omdsi.org, for costs.

3. How much can you contribute to the cost of attending SI? \$ _____

PLEASE USE ONLY THE NEXT PAGE OF THIS FORM TO PROVIDE EXTENDED ANSWERS TO THE 4 QUESTIONS BELOW (OR ATTACH A LETTER ANSWERING EACH OF THE QUESTIONS BELOW).

4. Have you previously attended Summer Institute? If so, when did you attend? Please describe your experience.
5. How are you involved in your UU congregation?
6. Tell us why you want to attend Summer Institute.
7. What are your challenges in raising funds to attend SI?

Congregation (if applicable) _____ **Applicant Signature** _____

Parent/Guardian Signature (if under 18) _____

Home phone number _____ Cell phone number _____

Date _____ email of parent/guardian _____

Questions or concerns? Please contact the Scholarship Coordinator, John Rodeheffer, scholarship@omdsi.org or 740-369-9659.

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Tell us why you want to attend Summer Institute.

What are your challenges in raising funds to attend SI?

Support Letter Form for OMD Summer Institute Scholarship

APPLICANT'S NAME: _____

Participation by Ministers, DRE, staff, or other congregation leaders in the scholarship application process is necessary in order to assure that our scholarship funds are distributed wisely. Applications cannot be processed without this completed form. Persons under 18 must have a parent/guardian apply on their behalf for a scholarship. If you wish to type your response, a fillable version of this form is available on the OMDSI.org website.

Please follow the procedure outlined below

- Accept the completed & signed application from the applicant. Review the four questions below prior to having a conversation with the applicant about his/her desire to attend SI. Complete this form (or if you prefer, write a letter and attach it to the form).
- Once you have completed your part of this form it can then be forwarded to me by US Postal mail (not email) in the addressed envelope that applicants have provided. My address is 1360 Dale Ford Road, Delaware, OH 43015. (If you have any questions for me, you can call me at 740-369-9659.)

The questions are as follows (if necessary, use the back of this page to complete your answers):

- 1 How long and in what way have you known the applicant?
- 2 Describe the applicant's church activities/involvement/participation. (Some discussion of level and quality of engagement would be helpful.)
- 3 How do you hope the applicant will benefit from a scholarship to Summer Institute?
- 4 Does the applicant's description of his/her personal economic situation (as described on her/his application form) seem accurate?

I have personally discussed the SI applicant's need for financial assistance? Yes No

Congregation _____ Position in Congregation _____ Date _____

Name: _____ Phone: _____ Email: _____

Please contact the Scholarship Coordinator, John Rodehefer, if you are completing this form and you are not a UU minister, DRE, professional staff, or board president. Your support and help is greatly appreciated. Should you have questions or concerns please contact me at 740-369-9659 or email me at scholarship@omdsi.org.