



**Chaplain Candidate Scholarship
Application Form
Academic Year 2010-2011**

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| SECTION A - Personal Information | | |
| Last Name: | First: | MI: |
| Mailing Address 1: | | |
| Mailing Address 2: | | |
| City: | State: | ZIP + 4: |
| Telephone: () | Cellphone: () | |
| Preferred email: | | |
| SECTION B - Military Professional Information | | |
| 1. Commissioning date [mm/yyyy]: | 2. Service Branch: | |
| 3. Current military rank: | | |
| 4. Submit current photograph in military uniform [preferably not utilities]. | | |
| SECTION C - Religious Faith Group Information | | |
| 1. Name of religious faith group providing endorsement for chaplaincy: | | |
| 2. Endorsing agency mailing address : | | |
| 3. Endorsing agency telephone: () | | |
| 4. Endorsing agency preferred email: | | |
| SECTION C - Educational Background | | |
| 1. Undergraduate and graduate program information. Use a continuation sheet marked as "Section C1- Educational Background" to list schools and years attended. | | |
| 2. Provide copies of each degree awarded or transcript page that indicates the degree awarded. | | |
| 3. Name of seminary where currently enrolled: | | |
| 4. Expected seminary completion date [mm/yyyy]: | | |

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SECTION D - Financial Background

1. Important factors related to your need for financial support including current family situation and income resources. How did you learn about the MCA Chaplain Candidate Scholarship Program? Use a continuation sheet marked as "Section D1- Financial Background."

2. Provide financial aid documentation from either: a) copy of the financial aid form completed for your school or b) "Free Application for Federal Student Aid" form OMB 1840-0001.

SECTION E - Other Required Submissions

1. Separate statement of any prior military service and/or experience with the ministry of chaplains.

2. Separate statement [maximum 1500 words] on your call and preparation for religious ministry with particular emphasis on your sense of a call to provide pastoral care for military personnel and their families. Include a paragraph on your understanding thus far of ministry obligation in a religiously diverse environment such as the Armed Forces of the United States.

3. Required References:

3a. Statement from a seminary official that verifies your enrollment status and comments on your academic motivation and progress.

3b. Letter from your religious faith group endorser that verifies your endorsement status and comments on your potential for service as a military chaplain.

3c. Letter from an officer or senior non-commissioned officer in your military training unit or another currently serving military leader that addresses your potential for adapting to the current military environment of engagement with "persisting conflict." This letter must also comment on your capacity to provide care for all personnel regardless of cultural background or religious faith preference while simultaneously maintaining fidelity to the faith group that endorses you for the unique privilege of serving as a military chaplain.

Mail to: Military Chaplains Association / P. O. Box 7056 / Arlington, VA 22207-7056.

All materials must be postmarked no later than 30 June 2010.

Please Note! The scholarship applicant is responsible to assemble all items in one complete package and send them to the MCA National Office. The MCA Staff and Scholarship Committee are not responsible for any items that are mailed separately from this package.

I hereby apply for an MCA 2010-2011 Chaplain Candidate Scholarship with the following agreements and understanding.

In the event that I am selected to receive this scholarship:

I agree to accept status as an Associate Member of the MCA with no obligation for annual dues until graduation from seminary and will complete the form provided;

I agree to provide the MCA with an immediate update of any changes in my personal contact or mailing information and to promptly report my graduation; and

I understand that any MCA scholarship award granted will be conveyed by a check that indicates both my seminary and me as payees.

Signature:

Date: