



5121 Westminster Place
Pittsburgh, Pennsylvania 15232-2116
Telephone: 412.682.4300
Email: info@shadysidepres.org

Howard C. Scharfe Fellowship Endowment

Please complete this application and send it to the address above by the corresponding deadline for the upcoming academic term: April 15th for monies to be awarded for the summer/fall; October 31st for monies to be awarded for the spring/winter. Please note: for your application to be considered, this application must be completed in its entirety.

Name: _____ Telephone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Sponsoring Church: _____ Denomination: _____

Address: _____

Title of Program: _____

Location of Program: _____ Dates: _____

Sponsored or Directed By: _____

Please describe the nature and content of your program. (Attach additional pages as necessary.)

Please describe some anticipated benefits to your current ministry that you expect to derive from participating in this graduate study program. (Attach additional pages as necessary.)

Expenses You Are Requesting for Registration/Tuition: \$ _____

Have you ever received monies from the Howard C. Scharfe Fellowship Endowment?

YES _____

NO _____

If yes, in what years and for what programs have you received previous grants from the Howard C. Scharfe Fellowship Endowment? _____

Required with this application:

1.) A letter of personal reference reflecting your character including:

Name of this person _____

Address of this person _____

Phone number _____

2.) A letter from the church sponsoring you reflecting your strengths in ministry including:

Name of this church _____

Person completing reference and position _____

Address of this church _____

Phone number of this church _____

Amount of contribution _____

3.) A letter from your educational institution reflecting your academic aptitude and potential for completion of the program of study including:

Name of this person _____

Address of this person _____

Phone number _____

4.) A statement from your educational institution reflecting the registration fee and tuition you are requesting.

Applicant's Signature _____

Date: _____

For Committee Use :

Date on which Session approved grant: _____

Amount granted: _____

Date of check authorization: _____ By: _____

Applicant notified by letter on: _____ By: _____

Receipt of assessment on: _____