



COMMISSION ON MINISTRY

FORM H: FINANCIAL STATEMENT

Date of Application _____

Full Name (Including Original or Initial) _____

Applicant's Address _____

Applicant's Cell Telephone _____

Applicant's Home Telephone _____

Applicant's Email _____

Dependent(s) *(Please list by name and give ages of children.)*

Sponsoring Congregation _____ City _____

Rector/Sponsoring Priest _____

In answering these questions, please state specific sources and amounts. It is important to be realistic about the costs of your possible seminary education. The cost will be your responsibility. Diocesan aid is quite limited. Most seminaries do have scholarship funds; however, you should consult with your seminary regarding availability and alternative sources of aid.

How will you pay for three (3) years of seminary?



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Anticipated Annual Expenses

School _____
(Tuition, Books, Supplies, Fees, etc.)

Living _____
(Housing, Food, Insurance, Transportation, etc.)

Other *(specify)* _____

Other *(specify)* _____

Other *(specify)* _____

Annual Total _____

Total for Three (3) Years _____

Anticipated Annual Income

Earnings _____

Personal Savings & Investments _____

Spouse's Employment _____

Parents/Relatives _____

Sponsoring Congregation _____

Annual Total _____

Total for Three (3) Years _____

Signature of Applicant

Printed Name of Applicant

Date

Completed original forms should be submitted to:

The Episcopal Church in Delaware
Attention: Executive Assistant to the Bishop
913 Wilson Road
Wilmington, DE 19803
(302) 256.0374 | www.delaware.church

Copies scanned/sent/emailed to Chair, Commission on Ministry, com@delaware.church