**PSWR Alliance Q**

***LGBTQI Seminarian Scholarship***

**Application Deadline: September 30, 2018**

**Background and Purpose:** In Summer 2015 the Gay, Lesbian and Affirming Disciples of the Christian Church (Disciples of Christ) Pacific Southwest Region (GLAD PSWR), now PSWR Alliance Q, enthusiastically decided to begin a scholarship program for Lesbian, Gay, Bisexual, Transgender, Questioning and Intersex seminarians. In November 2015 GLAD PSWR hosted a Comedy Night and raised the funds for the first year scholarship award. Ongoing fundraising ensures the continuation of this important scholarship program.

The intent and purpose of this scholarship is to financially assist LGBTQI persons who are purposefully pursuing ministerial standing within the Christian Church (Disciples of Christ). This scholarship is for the amount of $1,000 paid directly to the awardee to help with the costs of attending seminary.

**Criteria:** All applicants must be currently enrolled in a Masters of Divinity (M.Div.) program in an accredited Christian Church (Disciples of Christ) affiliated seminary and actively registered for courses that apply to the M.Div. program. Awardees must identify as lesbian, gay, bisexual, transgender, questioning or intersex and be active in a Disciples congregation within the PSWR. Applicants may reapply for as long as they meet the criteria of this scholarship. Scholarship awardees may also reapply for this scholarship, but are not guaranteed to be awarded scholarship in proceeding years and for not more than three years total.

All applications must be received by midnight September 30 of the year scholarship funds to be awarded. Scholarship recipient will be notified of award by the middle of October and funds will be mailed to the awardee no later than October 31.

**Application Procedure:**

* Complete PSWR Alliance Q LGBTQI Seminarian Scholarship Application form.
* Write a 500-word essay about your purpose pursuing a seminary education at this time and address how being an LGBTQI person would inform and influence your future ministry.
* Provide a letter of recommendation from your local pastor, an elder of your congregation, a regional minister of the PSWR or a college or seminary professor who knows you well and is personally aware of your current call to pursue a seminary degree and ministerial standing. This letter may be attached to your application packet or sent directly from the person providing a recommendation.
* Your school enrollment will be verified with the registrar’s office. Be certain to list accurate seminary contact person (registrar) and their phone number and email address.

**PSWR Alliance Q**

***LGBTQI Seminarian Scholarship***

**Application Deadline: September 30, 2018**

Email completed application (form, essay and letter of recommendation) to Chairs of PSWR Alliance Q: Rev. Michael Kosik, michaelkosik@gmail.com and Rev. Cheri Metier, cmetier@hotmail.com.

**PERSONAL DATA**

**Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sexual/gender identity ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permanent Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Street)**

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 **(City) (State) (Zip)**

**Primary Telephone \_\_\_Other Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL INFORMATION**

**Name of current seminary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Street)**

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**(City) (State) (Zip)**

**Office of the Registrar Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXT\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Years of seminary study completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHURCH AFFLIATION**

**Home Congregation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Church Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Church Telephone Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pastor’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How long have you been affiliated with this congregation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I certify that all of the information provided is true and complete to the best of my knowledge.**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**