

JOHN HAYNES HOLMES MEMORIAL FELLOWSHIP COMMITTEE  
THE COMMUNITY CHURCH OF NEW YORK  
40 East 35th Street • New York, NY 10016  
(212) 683-4988 / Fax (212) 683-4998

**Application Procedures**

The required material must be received by the John Haynes Holmes Memorial Fellowship Committee at the above address by April 1st preceding the academic year for which you wish to receive aid. Documentation may be sent by postal mail, fax or email (to [vlynch@ccny.org](mailto:vlynch@ccny.org)). Applicants shall submit the following:

1. Completed Financial Information Form prepared by the applicant in *consultation* with the Financial Aid Officer.
2. One academic recommendation from a college professor. Applicants who have been out of college for some years may submit another appropriate recommendation. Please use the form provided.
3. One professional recommendation from a UU minister. Please use the form provided.
4. Answers to the following questions:
  - A. Are you a full time or part time student?
  - B. Are you a student in residence or enrolled in a distance learning program?
  - C. Discuss why you want to be a liberal minister and describe the strengths and weaknesses of your personality and how they relate to such a career choice.
  - D. Write a short autobiographical statement. Describe your family's religious background as it pertains to your attachment to and involvement in liberal religion.
  - E. Describe your relationship to various racial, ethnic and economic groups and how liberal religion might become more inclusive.

Awards range from \$500 to \$3000.

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FINANCIAL INFORMATION FORM

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Academic year(s) completed in Seminary: \_\_\_\_\_

Marital status, circle one. Single Married Committed Relationship Ages of children: \_\_\_\_\_

If you support, or plan to support any dependents, give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If single, do you plan to marry or enter into a committed relationship during the coming academic year?

\_\_\_\_\_

If married, or in a committed relationship, will spouse/partner be a student? \_\_\_\_\_

Full time or part time? \_\_\_\_\_

Institution? \_\_\_\_\_ Date of expected graduation? \_\_\_\_\_

Will spouse/partner be employed? \_\_\_\_\_ Where? \_\_\_\_\_

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BUDGET (For the coming year based on 12 months- June 1 to May 31)

**I. Estimated Funds Available**

Single / Married/Partnered

Gross summer earnings \_\_\_\_\_/\_\_\_\_\_

Gross earnings for coming academic year: \_\_\_\_\_/\_\_\_\_\_

Field work: \_\_\_\_\_/\_\_\_\_\_

Other Work: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Single / Married/Partnered

Gross earnings of spouse/partner

\_\_\_\_\_ / \_\_\_\_\_

Parental support

\_\_\_\_\_ / \_\_\_\_\_

Savings and other liquid assets of applicant and spouse/partner  
(Divide total by years of school remaining, plus one)

\_\_\_\_\_ / \_\_\_\_\_

Contributions from local church and related organizations  
(Please list separately)

\_\_\_\_\_ / \_\_\_\_\_

Grants and scholarships expected from theological school  
(Please list separately)

\_\_\_\_\_ / \_\_\_\_\_

Grants and scholarships expected from other sources

\_\_\_\_\_ / \_\_\_\_\_

Loans

\_\_\_\_\_ / \_\_\_\_\_

Veteran's benefits

\_\_\_\_\_ / \_\_\_\_\_

Other income (specify: e.g. gifts, interest received, dividends, etc.)

\_\_\_\_\_ / \_\_\_\_\_

TOTAL ESTIMATED FUNDS AVAILABLE

\_\_\_\_\_ / \_\_\_\_\_

Itemize liquid assets here:

Total savings and checking accounts above \$200

\_\_\_\_\_ / \_\_\_\_\_

Total investments, such as stocks, bonds and mutual funds

\_\_\_\_\_ / \_\_\_\_\_

Total trust fund income per year

\_\_\_\_\_ / \_\_\_\_\_

TOTAL LIQUID ASSETS

\_\_\_\_\_ / \_\_\_\_\_

D. Estimated Expenses

Tuition

\_\_\_\_\_ / \_\_\_\_\_

Fees (including health insurance)

\_\_\_\_\_ / \_\_\_\_\_

Room or rent (including utilities)

\_\_\_\_\_ / \_\_\_\_\_

Board or food

\_\_\_\_\_ / \_\_\_\_\_

Books and educational supplies

\_\_\_\_\_ / \_\_\_\_\_

Clothing, laundry, cleaning

\_\_\_\_\_ / \_\_\_\_\_

Recreation

\_\_\_\_\_ / \_\_\_\_\_

Incidentals

\_\_\_\_\_ / \_\_\_\_\_

Transportation

\_\_\_\_\_ / \_\_\_\_\_

Child care (only if spouse/partner is employed)

\_\_\_\_\_ / \_\_\_\_\_

Income Tax \_\_\_\_\_/\_\_\_\_\_  
Life Insurance \_\_\_\_\_/\_\_\_\_\_  
Other expenses-please itemize \_\_\_\_\_/\_\_\_\_\_

TOTAL ESTIMATED EXPENSES \_\_\_\_\_/\_\_\_\_\_

III. Summary

- a. Total estimated expenses (from page 2) \_\_\_\_\_
- b. Total estimated funds available (from page 2) \_\_\_\_\_
- c. Financial need (a minus b) \_\_\_\_\_
- d Request from the John Haynes Holmes Memorial Fellowship Fund \_\_\_\_\_



Please state amount and nature of any existing financial debt:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: If the above budget needs further explanation, please attach an additional sheet or use the space below.

Signed: \_\_\_\_\_  
Applicant

Reviewed and signed by: \_\_\_\_\_  
Financial Aid Officer

Institution: \_\_\_\_\_ Date: \_\_\_\_\_

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Name of Applicant: \_\_\_\_\_

The John Haynes Holmes Fellowship Committee will be considering the application of the person named above for a JHH Fellowship award. In your letter of recommendation please indicate your perception of the candidate's ability to succeed in ministry with special reference (if possible) to his/her spiritual growth, concern for social issues, character, leadership ability, skill in interpersonal relationships and any other qualities you might consider relevant to the Committee's considering the applicant for an award.

(Please use the reverse to continue if necessary)

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this letter of recommendation to the John Haynes Holmes Memorial Fellowship Committee by April 1 - the deadline for applications. Sending by postal mail or fax ((212) 683-4998 is accepted. Electronic submission is encouraged – [vlynch@ccny.org](mailto:vlynch@ccny.org) with *JHH Fellowship-Last Name of Seminarian* in the subject line. Thank you for your support of this JHH Fellowship applicant.