



**OMAHA
PRESBYTERIAN
SEMINARY
FOUNDATION**

7101 Mercy Road, Suite 216 • Omaha, NE 68106
888.244.6714 • opsf@opsf-omaha.org
Phone 402.397.5138 Fax 402.397.4944
Email opsf@opsf-omaha.org

MARILYN A. JACKSON GRANT
Applicant Instructions

Applicant requirements:

- Previous Apollos Scholarship Recipient
- Currently serving FIRST CALL in a PC(USA) congregation or ministry in the OPSF 13 state region
- Have current validated debt amount equal to or greater than amount awarded
- Loan Verification Form & Income Verification forms completed & returned to OPSF
- All forms completed and returned to OPSF no later than September 30 of current year

One of the following Additional Criteria must be met:

- Applicant's Call is at small rural church in the OPSF 13 state region
- Applicant is female
- Applicant is racially diverse

The following three (3) forms are mandatory to be considered for a Marilyn A. Jackson Grant.

1. Marilyn A. Jackson Grant Application
2. Request for Loan Verification
3. Request for Income Verification

All three must be completed in full and returned to Omaha Presbyterian Seminary Foundation no later than **SEPTEMBER 30** of current year. Save/download a copy of each form to your personal computer.

Complete your portion of the **Request for Loan Verification** form* and the **Request for Income Verification** form** and then send to the appropriate entities to complete and return to OPSF. **These two forms must be returned from the entities verifying the information, (not the applicant) by September 30 of the current year.**

*If you have more than one loan, please complete a separate Request for Loan Verification form for each lending institution.

**If you work for more than one church, complete a separate Request for Income Verification form for each employing church.

Privacy Act Notice: All information is to be used by the Omaha Presbyterian Seminary Foundation or its assignees in determining whether the applicant qualifies as a prospective recipient of the Foundation's Marilyn A. Jackson Grant. The information will not be disclosed outside the Foundation except as required or permitted by law.

The Selection Committee will announce the Jackson Award list December of current application year and the grants will be paid directly to the loan institution(s) January the following year.

Please direct all questions to Joyce Genovesi at opsf@opsf-omaha.org or call 402.397.5138

**MARILYN A. JACKSON GRANT
APPLICATION**

Applicant requirements:

- Previous Apollos Scholarship Recipient
- Currently serving FIRST CALL in a PC(USA) congregation or ministry in the OPSF 13 state region
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- Loan Verification Form & Income Verification forms completed & returned to OPSF

One of the following Additional Criteria must be met:

- Applicant's Call is at small rural church in the OPSF 13 state region
- Applicant is female
- Applicant is racially diverse

**All applications and required forms must be received at the Omaha Presbyterian Seminary
Foundation office no later than September 30 of current year.**

Personal Information:

| | | | |
|----------------|-------------|------------|-------|
| <hr/> | <hr/> | <hr/> | |
| Last Name | Middle Name | First Name | |
| <hr/> | <hr/> | <hr/> | <hr/> |
| Street Address | City | State | Zip |
| <hr/> | <hr/> | <hr/> | <hr/> |
| Home Phone | Cell Phone | | |
| <hr/> | <hr/> | | |
| Email Address | | | |
| <hr/> | | | |

Service Information:

| | | | |
|----------------------------------|---------------|-------|-------|
| <hr/> | | | |
| Year of Ordination | | | |
| <hr/> | | | |
| Name of Church Currently Serving | | | |
| <hr/> | | | |
| <hr/> | <hr/> | <hr/> | <hr/> |
| Street Address | City | State | Zip |
| <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | | |
| Phone | Email Address | | |

Financial Information:

| | | | | |
|--|----|-------|-------|----------------|
| Total Educational Debt (College & Seminary): | \$ | <hr/> | As of | <hr/> |
| | | | | Month/Day/Year |
| Total Income including Housing Allowance: | \$ | <hr/> | As of | <hr/> |
| | | | | Month/Day/Year |

If a grant is awarded, it will be sent directly to the lending institution to be applied to the loan principle. I understand that my current loan balance, payment history and income will be verified. This request and any information received by the committee is confidential within the committee.

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|------------|-------|
| <hr/> | <hr/> |
| Signature: | Date: |