

**COLUMBIA UNION CONFERENCE**

**Office of Education**

**POST GRADUATE STUDY ASSISTANCE APPLICATION**

**GENERAL INFORMATION**

***The completed application with the specified supporting documents is to be submitted***

 ***to the Columbia Union Vice President for Education by February 1***

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

Employing Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Highest Degree Completed: \_\_\_\_\_\_\_\_\_

Field of Study for Doctoral/Specialist Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Name of university to which you were accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Starting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Projected Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **SIGNATURES**

 Applicant Superintendent

Chair, Conference Board of Education

 **EMPLOYMENT HISTORY IN THE COLUMBIA UNION**

|  |  |  |  |
| --- | --- | --- | --- |
| **School** | **Conference** | **Academic Year** | **Position** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**PROPOSED RESEARCH**

In the space below, provide a brief description of the proposed research (type-written):

**AGREEMENT:**

It is my clear understanding that in exchange for this financial assistance I will fulfill the following obligations and those appearing in the Columbia Union Code:

1. Coursework Completion: If I should withdraw from or fail to complete any course, I will assume full responsibility for the payment of all expenses incurred for that course.
2. One Full Year of Service: It is my responsibility to repay any unamortized balance in my educational assistance account should I leave denominational employment or transfer to another union before I have given one full year’s service for each eight semester hours or fraction thereof for which assistance is provided. If this is not done prior to the issuance of my final paycheck, the balance will be deducted.
3. Accept Responsibility for Transcripts: I will ensure that an original copy of the transcript for all courses taken and a paid receipt for tuition and required fees are provided to the CUOE by October 15 or 30 days after the completion of the coursework.
4. I have read and understand Columbia Code 9215 and agree to share the findings of my research upon successful completion and defense of my dissertation and will allow the CUOE to distribute the findings at their discretion.

 **Applicant’s Signature**

 **ENCLOSURES**

1. Copy of the minutes documenting approvals by the applicant’s local conference K-12 board.
2. Letter of recommendation from your immediate supervisor
3. Copy of the official acceptance letter from the institution to which the applicant has applied, indicating acceptance into the doctoral program.