

H. Belfield Hannibal Chapter - The Union of Black Episcopalians
Hammons Fund for Black Seminarians Application

Applicant's Name:

Mailing Address:

Phone Number:

Email Address:

Name of Seminary:

City & State:

Degree Sought:

Study Year:

Anticipated Graduation Year:

Briefly describe your ministry plans.

How will you use the funds received from the H. Belfield Hannibal Chapter?

I am of African descent. _____
(Initial)

I am currently in a formal ordination process approved by the bishop of the Episcopal Diocese of Los Angeles. _____
(Initial)

I am a currently enrolled in a diocesan approved seminary. _____
(Initial)

Submit proof of enrollment with application, such as copy of your class schedule.

Applicant's Signature:

Date:

Return application to UBEHannibal.fiscal@gmail.com or
UBE H. Belfield Hannibal Chapter
PO Box 6555
Altadena, CA 91003

*Assistance depends on available funds.

Hammons Fund for Black Seminarians Application

For HBH Chapter Use Only

Applicant's Name:

Date Application Received:

Proof of Enrollment Type:

Application Reviewed By: 1. _____
Print Name Signature & Date

2. _____
Print Name Signature & Date

Application Approved By: _____
Print Name Signature & Date

Amount Disbursed: \$ _____

Check Number:

Date Mailed:

Date of In-Person Delivery:

To whom:

By whom:

-- OR --

Digital Transaction Type:

Digital Transaction Reference Number:

Funds Disbursed By: _____
Print Name Signature & Date