MISSIONARY CHURCH MINISTERIAL SEMINARY Scholarship Application

Deadlines: Fall - August 1: Spring - January 1

New applicant form

The	following docu	ments shou	Id be included	with initial	applica	tion		
1) Transcript of junior/senior	,	 Document verifying course enrollment of the academic institution in which enrolled 						
2) Current photo								
3) Statement describing you	-	5) If not currently licensed with the Missionary Church, please complete and attach: Ministerial License Application Parts I & II						
		Applica	nt Information					
Full Name:			Date of	Birth:				
		M.I. Last						
Address: <u>Street</u>			City			State	ZIP	
Phone:			Email:					
Marital Status: Single	Engaged	Marrie	ed Name of Spouse	Name of Spouse if married:				
If engaged, give full name, a	ge and address of fian	cee and anticipated	d date of marriage:					
Name	Age A	ddress	City		State	ZIP	Wedding Date	
Children: (names & ages)								
Missionary Church of w	hich you are a me	mber:						
References:		Church			City			
Pastor		Laymen			Professor (in major field of study)			
Complete Address		Complete Address			Complete Address			
Education: (colleges/seminari	es)							
Seminary/graduate school yo	ou plan to attend:							
		Name		Address				
Anticipated enrollment date:		Are you enrol an M. Div. Pro		NO				
Date of graduation:		Degree being earned:		Curricul	um Major:			
Full time student:	YES	NO	Anticipated date of	availability for assi	gnment by	church:		
Attach a statement describi	ng your call to Christia	n ministry: Indicate	1st, 2nd, 3rd, etc. choi	ces from among t	he following	g:		
Pastorate Evangelism		•	Church Plantin	-	Teachin	0		
Specialized Ministries	Missionar	/ Service	Other (please indicate	e)				
			gnature					
I hereby apply for scholarshi	o <i>assistance</i> from the l	-			•	and the set		
Name of Institution	Semest	(er	during the year	year		academic	year.	
Signature of Applicant				Date				