

SBC Seminary Scholarship Application

PERSONAL INFORMATION

Name (First, Last): _____

Address: _____

Date of Birth (Month, Day, Year): _____ Gender: Male Female

Country of Citizenship (if not a US citizen): _____

Phone: _____ Email: _____

Married: Yes No If yes, spouse's name: _____Children: Yes NoIf yes, children's name(s):

CURRENT CHURCH MEMBERSHIP

Church: _____

Address: _____

Senior Pastor: _____ Pastor's Email: _____

Church Phone Number: _____

Dates of Membership: _____

Baptized: Yes No Ordained/Licensed Minister: Yes No

SEMINARY INFORMATION

Degree Level: Masters Doctoral Student ID: _____

Seminary Attending: _____

Degree Pursuing: _____

First Date of Enrollment: _____ Date of Seminary Acceptance: _____

Requesting Scholarship For: _____ Semester _____ Year

EDUCATION HISTORY

List schools, dates attended, degrees received:

FINANCIAL INFORMATION

List any other scholarships applied for/received and amount: