

***Financial Aid Application for Ministerial Students
Southern Baptist Conservatives of Virginia***

Name: _____
(First) (Middle) (Last)

Birth Date: _____ SS# _____

Permanent Address: _____

City/State/Zip: _____

State of residence: _____ How many years: _____ Home phone: () _____

E-mail address: _____

Name of Spouse: _____ Ages of children: _____

Home Church _____
(name) (city/town)

Present Church _____

How long have you been a member of a Southern Baptist Church? _____

Into what type of Christian ministry/work do you believe God is leading you? _____

Education Completed: High School _____ Year _____

College _____ Degree _____ Year _____

Other _____ Degree or Certificate received _____

Seminary _____ Degree _____ Year _____

Which college or seminary will you attend? _____ Date of enrollment _____

Will this be your: first yr. Seminary second yr. Seminary third yr. Seminary fourth yr. Seminary

What degree are you pursuing? _____ How many hrs. per semester do you plan to take? _____

Office Use Only:

Approved Not Approved Date of Action: _____ Amount Awarded \$ _____

Signed: _____

Expected Date of Graduation (month/year) _____

Will you live on campus off campus at home

School charges for the session: Tuition/Fees/Books \$ _____ Room & Board \$ _____

What will you do to assist yourself financially? _____

Will your parents/spouse provide financial assistance? Yes No: How Much _____

Will you receive financial assistance from your church? Yes No: How Much _____

Have you received SBCV Scholarship funds before? Yes No: How Much _____

How much financial aid are you expecting to receive from other sources: Keesee _____
Hudgins _____ VA Baptist Mission Board _____ Other _____

Statements of Beliefs:

In Matthew 16:15 Jesus asked, "But who do you say I am?" What is your answer to that question? _____

When did you receive Christ as your Savior? Briefly describe your salvation experience. _____

How have you been involved in serving Christ since your conversion? _____

My Commitment:

I affirm the correctness of the foregoing answers. I understand that the grant will be paid to the institution for tuition and books. I certify that I have read and understand the terms and conditions of this grant, and I approve and accept the requirements contained in them. If a grant is made to me, I further promise to keep the Scholarship Committee informed of any change in my school enrollment status and/or mailing address and telephone number.

In making this application for aid for the session beginning _____ 20 ____ and ending _____ 20 ____, the undersigned agrees, if aid is granted, to devote his(her) best efforts to the educational opportunity afforded by this aid.

Date _____ Signed _____

You must contact the SBCV office or website to receive a Re-application form for each year you want to apply for a scholarship.

Pastoral Recommendation:

(This statement is to be completed by the applicant's home church in Virginia pastor)

Provide a brief statement of recommendation, and your evaluation of the applicant and his/her calling to Christian ministry. _____

(Signature of Pastor)

(Print name)

CHURCH APPROVAL

At the business meeting, Church Council or appropriate committee of _____ Church,

City _____ State _____

our congregation/council/committee endorsed the application of _____ for financial aid and recommend favorable action of the Scholarship Committee of the SBCV.

(Clerk)

(Date)

Return Application to: SBC of Virginia * Attn: Scholarship * 4101 Cox Road Suite 100 * Glen Allen VA 23060