

Financial Aid RE-APPLICATION for Ministerial Students
Southern Baptist Conservatives of Virginia
Re-Applications must be POSTMARKED ON OR BEFORE APRIL 1st

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

SS#: _____

Present Address: _____

City/State/Zip: _____

Home phone: () _____ E-mail address: _____

Name of Spouse: _____ Ages of children: _____

Home Church: _____
(name) (city/town)

Present Church: _____

Which college or seminary are you attending? _____ Date of enrollment: _____

Will this be your: 1st yr. Seminary 2nd yr. Seminary 3rd yr. Seminary 4th yr. Seminary
other _____

What is your Grade Point Average? _____ 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 Financial Aid before? Yes No How Much? _____

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

Office Use Only:

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

Signed: _____

If you are married, how has seminary life affected your family? _____

Please include any other information you would like this committee to consider in evaluating your application. _____

My Commitment:

I affirm the correctness of the foregoing answers and, in the event aid is given to me, I promise to use it for no other purpose than the necessary tuition expenses of continuing my education. I certify that I have read and understand the terms and conditions of this financial aid, and I approve and accept the requirements contained in them. If financial aid is granted to me, I further promise to keep the SBCV 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 _____

Pastoral Recommendation

(This statement is to be completed by the applicant's pastor of church attending while in seminary)

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) (Address)

**Return Re-Application postmarked no later than April 1st to:
SBC of Virginia *Attn: Seminary Financial Aid * 4101 Cox Road Suite 100 * Glen Allen VA 23060**