

Financial Aid RE-APPLICATION for Ministerial Students
Southern Baptist Conservatives of Virginia

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

SS# _____

Present Address: _____

City/State/Zip: _____

Home phone: () _____ E-mail: _____

Name of Spouse: _____ Ages of children: _____

Home Church _____
(name) (city/town)

Present Church _____

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

Degree you are pursuing _____

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

Office Use Only:

Approved Not approved Date of Action: _____ Amount Awarded _____

Signed: _____ Revised **05/04**

Seminary Notes:

If you are married, how has seminary life effected 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 a grant is made 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 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 _____

Pastoral Recommendation

(This statement is to be completed by the applicant's pastor of church your are 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 Application to: SBC of Virginia * Attn: Scholarship * 4101 Cox Road Suite 100 * Glen Allen VA 23060