

KENTUCKY BAPTIST FOUNDATION, INC.
Application for
CHESTER A. IGLEHEART SCHOLARSHIP
(HOME Missionary Service)

Applicants must also submit the SBTS Financial Aid PROFILE found at
<https://profileonline.collegeboard.com> by **April 15** to be considered for this scholarship.

Name _____
Last First Middle Initial

Permanent Address: _____
Street City Zip Code

Phone: _____
(home/dorm) (cell) (work)

Email: _____

School _____

Expected Degree _____

Expected date of graduation from seminary _____
(year)

*Present Church Membership _____
(Name of church and city where church is located)

Father, Guardian or Spouse _____
Last First

Mother, Guardian or Spouse _____
Last First

_____ I certify I am preparing for home missionary service through the North American Mission Board, SBC.

Income and Financial Aid:

I hereby give permission to _____
(college/university/seminary)
to give income and financial aid information to the Kentucky Baptist Foundation.

Student's Signature

Parent/Spouse Signature

APPLICANT: Please submit two letters of reference -- one from your Pastor and one from another person. The letter from your pastor must include a statement as to whether or not the church is a cooperating affiliated Kentucky Baptist Convention church. *A signature is required from the person writing the letter.*

*If applicant has previously applied for this scholarship and church membership has changed, a new reference letter from your Pastor **must** be submitted with application. The letter from your pastor must include a statement as to whether or not the church is a cooperating affiliated Kentucky Baptist Convention church.

Statement by Financial Aid Officer:

I **certify** this applicant meets all of the eligibility requirements of the **CHESTER A. IGLEHEART SCHOLARSHIP (for Home Missions)** for the school year beginning _____ 20____.

Signed _____

Title _____

School _____

Dated _____

(Attach Institutional Student Information Record and Financial Aid Award Information)

I **do not certify** this applicant meets all of the eligibility requirements of the **CHESTER A. IGLEHEART SCHOLARSHIP (for Home Missions)**. Reason:

Signed _____

Title _____

School _____

Dated _____