

GEORGIA BAPTIST FOUNDATION, INC.
Seminary Scholarship Application

Please return this form to the seminary financial aid office

Name of Applicant _____

Applicant Email Address _____

Home Address in Georgia: Street _____
City _____ State _____ ZIP _____ Cell Phone _____

Mailing Address at Seminary: Street (or PO box) _____
City _____ State _____ ZIP _____

Date of Birth _____ Married? _____ Number of dependents _____

Name and **Address** of Georgia Baptist Mission Board church endorsing your application to seminary: *(Application will not be processed without **complete** name and address.)*

Have you served as a pastor or other paid church worker? If so, where, in what position, and for how long?

Which seminary will you attend (or are you attending)? _____

Course of Study: _____ Ministerial _____ Foreign Missions _____ Home Missions _____ Christian Education _____
_____ Church Ministry _____ Other : _____

Degree Program:

Master

_____ MDiv _____ PhD _____ EdD _____ DMA _____ ThM

Doctoral

_____ DMin

Other Degree Program (please explain):

Number of hours enrolled this semester: _____

Date of first semester in seminary: _____

Anticipated Graduation Date _____

Campus:

_____ Main Campus _____ Extension Campus _____ Online

Where have you attended college? _____

What past degree or degrees have you earned? _____

Should you not follow a church-related vocation after graduation or withdrawal from seminary, would you consider it reasonable to be expected to repay the amount of this scholarship at the rate of at least \$100 per year?

Comments: _____

Signature of Applicant _____

Date _____