

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? _____

How much financial aid are you expecting to receive from other sources:

Keesee _____ Other _____

STATEMENT 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?

“And He Himself gave some to be apostles, some prophets, some evangelists, and some pastors and teachers...” (Eph.4:11-13) Please tell us of your calling into the service of our Lord and Savior.

What do you believe about the Bible:

Read the Baptist Faith and Message. Are you in agreement with these statements of faith? Yes No

If no, please provide a statement of your disagreement.

Please share a recent witnessing experience you have had.

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 (month/year) _____ 20____ and ending (month/year) _____ 20____, the undersigned agrees, if aid is granted, to devote his(her) best efforts to the educational opportunity afforded by this aid.

Signature of Applicant

Date

CHURCH APPROVAL

At the business meeting, Church Council or appropriate committee of _____ Church, (city) _____, our congregations/council/committee endorsed the application of _____ for financial aid and recommend favorable action of the SBC of Virginia.

(Clerk)

(Date)

**Return application postmarked no later than April 1st to:
SBC of Virginia
Attn: Seminary Financial Aid
4956 Dominion Blvd
Glen Allen, VA, 23060**

PASTORAL RECOMMENDATION

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

Please 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

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