



**Financial Aid RE-APPLICATION for Ministerial Students**  
Applications must be POSTMARKED ON OR BEFORE APRIL 1<sup>st</sup>

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Present Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Ages of children: \_\_\_\_\_

Home Church (name & city): \_\_\_\_\_

Present Church (name & city): \_\_\_\_\_

Which college or seminary are you attending? \_\_\_\_\_

Date of enrollment: \_\_\_\_\_

Will this be your:                    1<sup>st</sup> yr.                    2<sup>nd</sup> yr.                    3<sup>rd</sup> yr.                    4<sup>th</sup> yr.  
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? \_\_\_\_\_

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

Keesee \_\_\_\_\_ Other \_\_\_\_\_

**Seminary Notes:**

During the past year, what significant spiritual growth experiences have occurred in your life?

Describe your present ministry in the church you are now attending.

Previously, we asked you to tell us into what type of Christian ministry/work do you believed God was leading you. Have you come to believe that God is leading you in another direction, and if so, what?

How has your view on the Bible changed during the course of your studies this past year?

What professors/teachers have inspired you this past year? In what significant way have they inspired you?

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 (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.

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Signature of Applicant

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Date

**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

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Signature of Pastor

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Print name

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Church Address

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