

Financial Aid APPLICATION for Ministerial Students Applications must be POSTMARKED ON OR BEFORE APRIL 1st

Name:					
SS#:					
Present Address:					
City/State/Zip:					
Home phone:					
Name of Spouse:		A(ges of childrer	ı:	
Home Church (name	& city):				
Present Church (name					
How long have you be	een a member of	a Southern	Baptist Churc	h?	
Into what type of Chris	stian ministry/woı	k do you be	lieve God is le	eading you?	
Education Completed High School:			Year:		
College:					
Other:	De	gree/Certific	cate received:		
Seminary:	inary: Degree:				
Which college or sem	inary will you atte	end?			
Date of enrollment:					
Will this be your:	1st yr.	2nd yr.	3rd yr.	4th yr.	
other					
What degree are you	pursuing?				
How many hrs. per se	emester do you p	lan to take?			
Expected Date of Gra	duation (month/y	ear):			
Will you live:	on campus	off	campus	at home	

School charges for the session:				
Tuition/Fees/Books \$	Room & Board	d \$		
What will you do to assist yourself financially	<i>i</i> ?			
Will your parents/spouse provide financial as How Much?	ssistance?	Yes	No	
Will you receive financial assistance from your How Much?	ur church?	Yes	No	
How much financial aid are you expecting to Keesee				
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	P Briefly describ	e your salva	tion 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.
ii no, piease provide a statement or 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 endors	• • • • • • • • • • • • • • • • • • • •
for financial aid and recommend favorable a	ction 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 b	y the a	applicant's	pastor o	of church	attending
while	e in semina	ry)						

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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