



Application for The Christian Worker's Scholarship

INSTRUCTIONS

1. Please print or type in blue or black ink.
2. Please complete all sections.
3. If you have any questions, please call (661) 362-2292 or email rwethern@masters.edu.
4. Send completed form to:
The Master's Seminary | Financial Aid
13428 Roscoe Blvd, Sun Valley, CA 91352

Due: June 30 for the fall semester
November 15 for the spring

For TMS Use Only	
Date Received:	_____
Scholarship Fund:	_____
Amount of Aid:	_____
Fall _____	\$ _____
Spring _____	\$ _____
Approved by:	_____

STIPULATIONS

1. Applicants must exemplify godliness and spiritual maturity, manifesting a cooperative spirit toward the seminary and a sympathetic attitude toward its goals and objectives.
2. Applicants must be in good academic standing with the seminary, maintaining a 2.5 minimum cumulative GPA.
3. Applicants must intend to be in pastoral ministry or career missions.
4. Applicants must demonstrate financial need.
5. Applicants must enroll full-time in at least 11 credit hours.
6. Applicants must be in the M.Div. or B.Th. program studying on the LA campus.

STUDENT PERSONAL INFORMATION

Student ID Number P000 ____ ____	Name: Last	First	Middle Initial
<small>If unknown, use the last 4 of your SSN</small>			
Address: _____			
City: _____	State/Zip: _____	Country: _____	
Email: _____		Phone Number: _____	
Wife's Name: _____	Number of Children: _____	Ages: _____	
Church Name: _____		Pastor's Name: _____	
Church Address: _____			
Church City: _____	Church State/Zip: _____	Church Country: _____	
Ministry Involvement: _____			

ACADEMIC INFORMATION

Current Degree Program: _____	Graduation Year: _____	Semester for which you are requesting assistance: _____
Credit hours completed at TMS: _____		Number of credit hours in which you intend to enroll: _____

FINANCIAL INFORMATION

Number of hours you work each week:

Monthly household income:

Outside sources of support:

Other Grants/Scholarships:

Outstanding debt:

Please explain the financial circumstances that have led you to request tuition assistance:

BUDGET

<u>Budget Item</u>	<u>Monthly Expense</u>	<u>Percentage of Monthly Income</u>
Rent/Mortgage	_____	_____
Utilities	_____	_____
Food	_____	_____
Books	_____	_____
Auto Expenses	_____	_____
Medical	_____	_____
Clothing	_____	_____
Other: _____	_____	_____
TOTALS:	_____	_____

SIGNATURE

My signature below certifies that I qualify for this scholarship based on the stipulations listed above and the above information is true.

Student Signature: _____ Date: _____

Electronic Signatures are not Accepted



CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

Type of Scholarship Applied for: _____

Student's Full Name: _____

Student's Email Address: _____

I agree to disclose information regarding my student account including, but not limited to: degree, GPA, finances, Ministry Aptitude Score, future ministry plans, and graduation date. I affirm that this information will be used for Development purposes. I consent to such disclosure.

I agree

APPROVED BY -- Student

ACCEPTED BY -- TMS

Signature

Signature

Printed Name

Printed Name, Title

____ / ____ / ____
Date

____ / ____ / ____
Date