



Application for the Doctor of Ministry 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: May 1 for the fall semester

December 1 for the spring semester

****For TMS Use Only****

Date Received: _____
 Scholarship Fund: _____
 Amount of Aid:
 Fall _____ \$ _____
 Spring _____ \$ _____
 Approved by: _____

STIPULATIONS

1. The student must be enrolled full-time in the Doctor of Ministry (D.Min.) program.
2. The student must have a cumulative GPA of at least 2.75. Preference will be given to students with a more competitive GPA.
3. The availability of funds is contingent upon budgetary approval for each academic semester.

STUDENT PERSONAL INFORMATION

Student ID Number P000 ____ ____	Name: Last	First	Middle Initial
If unknown, use the last 4 of your SSN			
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