



Louise Essex Memorial 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

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

STIPULATIONS

1. Only available for international students in the B.Th., M.Div., Th.M., D.Min., or Ph.D. programs.
2. Student must meet the minimum GPA requirements for financial aid.
3. B.Th. and M.Div. students must be international students in residency at the Los Angeles main campus.
4. Student intends to return to his home country for pastoral ministry or missions.
5. Student must submit character reference from his current pastor while studying at TMS.
6. The availability of funds is contingent upon budgetary approval for each academic semester.

STUDENT PERSONAL INFORMATION

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