



Application for the Master of Theology 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 Master of Theology (Th.M.) program.
2. The student must have a cumulative GPA of at least 3.0 to receive the scholarship.
3. The student must maintain a minimum GPA of 3.5 to continue to receive the scholarship.
4. 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: | |
| 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