



**Due:** May 1 for the fall semester  
December 1 for the spring semester

## Application for TMU to TMS Scholarship

### INSTRUCTIONS

1. Please type or print 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](mailto: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. The Master's Seminary (TMS) will grant a \$1,000 scholarship for the first semester at TMS to students enrolled after their graduation from The Master's University (TMU).
2. The student must be enrolled full-time to be eligible for this scholarship in the semester immediately following his graduation from TMU. The minimum full-time academic load is 11.0 units per semester (M.Div. and B.Th.). A 4-unit minimum load is required for Th.M. students. Students in the D.Min, and Ph.D. programs do not qualify.
3. The scholarship applies only to students in residency at the Los Angeles main campus.
4. The availability of funds is contingent upon budgetary approval for each academic semester.

### STUDENT INFORMATION

Student ID Number                      Name: Last    First    Middle Initial

P000 \_\_\_\_ | \_\_\_\_

If unknown, use the last 4 of your SSN

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Graduated from TMU: \_\_\_\_\_

Major at TMU: \_\_\_\_\_

First Semester Enrolled at TMS: \_\_\_\_\_

### SIGNATURE

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

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