



# 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) 362-2295 or email [kricedorff@masters.edu](mailto:kricedorff@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: _____	_____	_____
<b>TOTALS:</b>	<b>_____</b>	<b>_____</b>

## 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: GPA, finances, Ministry Aptitude Score, and future ministry plans. 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