

## CONCHO VALLEY BAPTIST ASSOCIATION NEW HOPE MINISTERIAL SCHOLARSHIP APPLICATION

**PART I. PERSONAL DATA (Type or Print in Ink)**

**(PICTURE REQUIRED)**

1. Name in full \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Present Address: \_\_\_\_\_  

Street City State Zip  
 a) If married, name of spouse \_\_\_\_\_  
 b) Names and ages of children \_\_\_\_\_  
 \_\_\_\_\_
2. Home Town & State \_\_\_\_\_ How many years \_\_\_\_\_
3. Home church (church endorsement to attend college/seminary) \_\_\_\_\_
4. Birthplace (City, State) \_\_\_\_\_ Date of birth \_\_\_\_\_
5. Country of Origin \_\_\_\_\_ Citizenship \_\_\_\_\_  
 Visa \_\_\_\_\_ Type \_\_\_\_\_ Financial support documentation (I-20) attached: Yes \_\_\_ No \_\_\_
6. Military Veteran Yes \_\_\_ No \_\_\_ Branch of Service \_\_\_\_\_
7. Undergraduate/Graduate Schools attended \_\_\_\_\_
8. Ministerial Information: Ordained: Yes \_\_\_ No \_\_\_ Licensed: Yes \_\_\_ No \_\_\_ MK: Yes \_\_\_ No \_\_\_ PK: Yes \_\_\_ No \_\_\_

**PART II. ACADEMIC PLANS / RECORD**

1. Southern Baptist College or Seminary you plan to attend in the Fall \_\_\_\_\_
2. Current Degree sought \_\_\_\_\_ Totals hours completed at end of current semester \_\_\_\_\_
3. Semester first enrolled \_\_\_\_\_ Expected graduation date \_\_\_\_\_
4. Grade Point Average \_\_\_\_\_ Special problems in case of low grade point average (if applicable): \_\_\_\_\_  
 \_\_\_\_\_
5. Please circle what your status will be:  

Fall 20__	Full-Time (10+)	Part-Time (1-9)	No. of hours planned Fall 20__	_____
Spring 20__	Full-Time (10+)	Part-Time (1-9)	No. of hours planned Spring 20__	_____

**PART III. CHURCH RELATED MINISTRY**

1. Where is your present church membership? \_\_\_\_\_ Is it a CVBA church? \_\_\_
2. Present church staff position (paid) \_\_\_\_\_
3. How long in present position \_\_\_\_\_
4. Present leadership position in your church (unpaid) \_\_\_\_\_
5. Previous ministerial experience (example: pastor, staff, missionary, journeyman, ISC) \_\_\_\_\_  
 \_\_\_\_\_
6. Ministerial vocation plans after college/seminary \_\_\_\_\_

**PART IV. FINANCIAL NEED**

1. Monthly Financial Resources:

Applicant's Employer	Monthly Net Income
Spouse's Employer	Monthly Net Income
Monthly Gifts (name source: family, foundation, etc.)	Monthly Amount
Monthly Gifts (name source: family, foundation, etc.)	Monthly Amount
Other Miscellaneous Monthly Income (IRA's, savings, G. I. Assistance, Disability Assistance)	Monthly Amount
<b>Total Monthly Income</b>	

2. Average Monthly Expenses:

Tithes & Offering	Credit Cards	
Rent/Mortgage	Charge Accounts	
Savings & Emergency	Bank Notes	
Insurance: Health, Life, Auto	Educational Loans	
Groceries	School Expenses	
Utilities & Phone	Books	
Clothing & Laundry	Child Care	
Auto Repair	Medical & Dental	
Transportation/Gas	Recreation	
Car Note	Incidentals/Misc.	
<b>Total Monthly Expenses</b>		

3. Creditors: Please list below your total amount outstanding to current creditors, if any.

Home Mortgage	Car Note	
Educational Loans	Medical & Dental	
Credit Cards	Other	
Other		

**PART V: SCHOLARSHIP INFORMATION**

Please state briefly why you feel you should be considered for a scholarship. Describe any existing conditions that cause unusual financial expenditures, such as family illness, dental conditions, disability, etc.

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**PART VI: FINANCIAL ASSISTANCE**

If you have received aid from any source (seminary loan, aid, church scholarship, state convention, non-seminary, foundation, etc.) state the sources, amount, and date:

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If you have made application for aid from any sources other than the CVBA New Hope Ministerial Scholarship, state the sources, amount and date:

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**PART VII. REFERENCES**

Give names and address of three references, one teacher/professor or work/ministry associate and two other persons by whom you are well known. Do not give names of relatives.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

I affirm the correctness of the above answers and, in the event a scholarship is awarded to me, I promise to use it for no other purpose than the necessary expenses of continuing my ministerial education. I certify that I have read and understand the terms and conditions of this scholarship, and I approve and accept the requirements contained in them:

If a Scholarship is awarded to me, I further promise:

- 1) to answer promptly all letters relating thereof;
- 2) to keep the CVBA Office informed of my address and advised of the character of my work and my changes in remuneration affecting financial needs, as long as such information is needed;
- 3) to repay to the CBVA New Hope Scholarship Fund the amount of the scholarship if I do not meet the above requirements of a college/seminary student;
- 4) to maintain records regarding awards received and actual payment of tuition and course related expenses in compliance with the current tax laws and IRS regulations. You may wish to contact the IRS or a tax advisor regarding the tax implications of your awards.

If a scholarship is awarded to me, I give permission for my address and grades to be released.

In making this application for aid for the academic year, 20\_\_\_\_, I, the undersigned, agree, if aid is granted, to devote my best efforts to the educational opportunity afforded by this aid.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (signature of applicant)

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**CVBA NHMS TEAM / OFFICE USE ONLY**

COMMENTS: \_\_\_\_\_  
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Term:	Award:	Term:	Award:	Term:	Award: