

**Scholarship Application**

Return To:  
Financial Aid Office



**Heart for Ministry 2019-2020**

Scholarship Application for First-Time Freshmen and Transfer Students

**Applicant Name** \_\_\_\_\_

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

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

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**Recommendations:** Please use the attached Recommendation Forms to provide one recommendation from your pastor and one recommendation from a peer. List the names of your pastor and peer below.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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**Essay:** On a separate sheet please attach a 250 word (minimum) essay on ministry. Describe how a lifestyle of ministry will impact those around you. Use biblical references and personal experiences where appropriate.

Application is due no later than **May 15, 2019**.

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Applicant Signature

Date





Heart for Ministry Scholarship Application Recommendation

**Section A:** To be completed by the applicant.

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section B:** To be completed by **Pastor**.

Please complete this section for the above named scholarship applicant. Return to the Office of Financial Aid.

Name \_\_\_\_\_ Position \_\_\_\_\_

Church Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

How long have you known the scholarship applicant? \_\_\_\_\_

How well do you know the scholarship applicant? (Please check one)

- Close Personal Relationship     Moderately Well     Casually     Somewhat     By Name Only

*Please give specific examples of how the above individual has demonstrated a potential for ministry. (Please use other side if necessary)*

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