

Financial Aid APPLICATION for Ministerial Students

Southern Baptist Conservatives of Virginia

Applications must be POSTMARKED ON OR BEFORE APRIL 1st

Name: _____
(First) (Middle) (Last)

Birth Date: _____ SS#: _____

Permanent Address: _____

City/State/Zip: _____

State of residence: _____ How many years: _____ Home phone: () _____

E-mail address: _____

Name of Spouse: _____ Ages of children: _____

Home Church _____
(name) (city/town)

Present Church _____

How long have you been a member of a Southern Baptist Church? _____

Into what type of Christian ministry/work do you believe God is leading you?

Education Completed: High School: _____ Year: _____

College: _____ Degree: _____ Year: _____

Other: _____ Degree or Certificate received: _____

Seminary: _____ Degree: _____ Year: _____

Which college or seminary will you attend? _____ Date of enrollment: _____

Will this be your: 1st yr. Seminary 2nd yr. Seminary 3rd yr. Seminary 4th yr. Seminary

What degree are you pursuing? _____ How many hrs. per semester do you plan to take? _____

Office Use Only:

Approved Not Approved Date of Action: _____ Amount Awarded \$ _____

Signed: _____

Expected Date of Graduation (month/year): _____

Will you live: on campus off campus at home

School charges for the session: Tuition/Fees/Books \$ _____ Room & Board \$ _____

What will you do to assist yourself financially? _____

Will your parents/spouse provide financial assistance? Yes No How Much? _____

Will you receive financial assistance from your church? Yes No How Much? _____

Have you received SBCV Financial Aid before? Yes No How Much? _____

How much financial aid are you expecting to receive from other sources: Keesee _____
Hudgins _____ VA Baptist Mission Board _____ Other _____

Statements of Beliefs:

In Matthew 16:15 Jesus asked, "But who do you say I am?" What is your answer to that question? _____

When did you receive Christ as your Savior? Briefly describe your salvation experience. _____

How have you been involved in serving Christ since your conversion? _____

My Commitment:

I affirm the correctness of the foregoing answers. I understand that the financial aid will be paid to the institution for tuition. I certify that I have read and understand the terms and conditions of this aid, and I approve and accept the requirements contained in them. If financial aid is granted to me, I further promise to keep the SBCV informed of any change in my school enrollment status and/or mailing address and telephone number.

In making this application for aid for the session beginning _____ 20____ and ending _____ 20____, the undersigned agrees, if aid is granted, to devote his(her) best efforts to the educational opportunity afforded by this aid.

Date _____ Signed _____

You must contact the SBCV office or website to receive a Re-Application form for each year you want to apply for financial aid.

Pastoral Recommendation:

(This statement is to be completed by the applicant's home church in Virginia pastor)

Provide a brief statement of recommendation, and your evaluation of the applicant and his/her calling to Christian ministry. _____

(Signature of Pastor)

(Print name)

CHURCH APPROVAL

At the business meeting, Church Council or appropriate committee of _____ Church,

City

State

our congregation/council/committee endorsed the application of _____ for financial aid and recommend favorable action of the SBCV.

(Clerk)

(Date)

**Return Application postmarked no later than April 1st to:
SBC of Virginia *Attn: Seminary Financial Aid * 4101 Cox Road Suite 100 * Glen Allen VA 23060**