MEMORIAL BAPTIST CHURCH FOUNDATION, INC.

Arlington, Virginia

MINISTERIAL SCHOLARSHIP APPLICATION

PURPOSE: The intent of this scholarship fund is to help defray the cost of obtaining a seminary education for persons intending to pursue full-time Christian ministry.

QUALIFICATIONS:

- Applicants shall be U.S. citizens or legal residents
- Applicants should be in training or ready to enter training for career Christian ministry
 with the intention of serving as a minister or employed, faith leadership position in a
 Baptist church.
- Applicants shall affirm a belief in the Baptist Faith and Message Statement of 1963.

PROCESS: Each applicant must submit a complete application form to the Ministerial Scholarship Committee of the Memorial Baptist Church Foundation. Scholarships shall be awarded on an annual basis.

DUE DATE: Applications are accepted starting February 15 and **not later than May 15th**.

Recipients must maintain an academic standard of a GPA of 3 or better. **Each student receiving a grant shall furnish the Committee, within three weeks after each semester, a copy of the academic transcript for the previous semester.** No funds for the remainder of the applicant's grant will be sent until this requirement is met.

Any recipient who fails to serve as a minister in a Baptist Church upon completion of his or her education shall repay all moneys received, without interest, within a time period agreed to by the Committee.

EVALUATION CRITERIA: Applicants shall be evaluated based on academic record, work experience, participation in church life, financial need, and a personal statement. Applicants shall be considered in the following order: a) members of Memorial Baptist Church; b) Baptists residing in the NorthStar Church Network (formerly Mount Vernon); c) Baptists in the State of Virginia; and d) Baptists residing elsewhere in the U.S.

SUBMISSION: You may submit your application online, by mail or fax..

- Online Save your application file. Attach your application, personal statement and transcripts to an email with the subject line "Scholarship Committee" and send it to: foundation@memorialbapistchurch.org
- **Mail** Print your application. The send your application, personal statement and transcripts to:

Scholarship Committee Memorial Baptist Church Foundation, Inc. 3455 North Glebe Road Arlington, VA 22207-4399

• **Fax** - Print your application. Include your application, personal statement and transcripts and fax to 703-538-6861

PART I. BIOGRAPHICAL INFORMATION

Personal Details:			
Full Name:			
(First, Middle, Last)			
Address:			
(Number, Street, Apt., City, State, ZIP)			
Home Phone:	Work	Representation of the control of the	
Email:			
Date of Birth:	U.S Citizen/Legal Resident:		
Number of Dependents:			
Church Membership:			
Pastor's Name:			
Church Name:			
Address:			
(Number, Street, Apt., City, State, ZIP)	Approximate number of hours per week that you are involved in church activities and ministries:		ek that you
Phone:			•
Priorie.	Paid hours:	Volunteer ho	ours:
	Leadership F	Role:	
College Details:			
Have you attended college?	Note: If yes, please complete the following table:		
Name of College	Location	Dates Attended	Degree

Have you received a Memorial Foundation Scholarship before? If so, when? Seminary Name: (To which tuition will be paid) Address: (Number, Street, Apt., City, State, ZIP) Phone: (Financial Aid Office) Dates you expect to be enrolled: (e.g., Sep 2015 - May 2016) Expected graduation date: What degree are you pursuing?

PART II. PERSONAL STATEMENT

Please write a one to two-page personal biography essay.

E-mail with your application.

Note: It is important that you address ALL of the following questions in your essay:

- o How you became a Christian
- o What faith in Christ means to you
- How you came to realize a calling to the ministry
- Your recent involvement in church activities and ministries. In your biography explain in detail the work you are doing for your church and any positions you have held. Expound on why these ministries are significant to you. Be sure to provide information on any ministry-related internships you have had.
- o How you believe your gifts might be used in God's service
- The type of ministry to which you currently feel led (pastorate, missionary service, youth ministry, music ministry, etc.)

PART III. WORK EXPERIENCE

Provide an overview of your work experience and/or supervisory positions held. The intent of this section is not to document your entire work history, but to describe some of the most important or fulfilling positions you have held, particularly those that helped prepare you for the ministry. Please include significant ministry related work even if it is volunteer.

Name of employer:	
Address: (Number, Street, Apt., City, State, ZIP)	
Job Title:	
Dates Employed:	Number of hours per week:
Duties Performed: (Note: limit explanation to text box space if faxing or mailing application)	
Name of employer:	
Address:(Number, Street, Apt., City, State, ZIP)	
Job Title:	
Dates Employed:	Number of hours per week:
Duties Performed: (Note: limit explanation to text box space if faxing or mailing application)	

Name of employer:	
(Number, Street, Apt., City, State, ZIP)	
Job Title:	
Dates Employed:	Number of hours per week:
Duties Performed:	
(Note: limit	
explanation to text box space if faxing or	
mailing application)	
Name of employer:	
Address:	
(Number, Street, Apt., City, State, ZIP)	
Job Title:	
Dates Employed:	Number of hours per week:
Duties Performed:	
(Note: limit	
explanation to text box space if faxing or	
mailing application)	

PART IV. STATEMENT OF FINANCIAL NEED

Describe your financial situation and the importance of financial assistance: (Note: limit explanation to text box space if faxing or mailing application)

Personal Financials:	
Consider your total available monthly in	
expenses. What is your shortfall per mo	ontn?
Current Non-Retirement Savings:	
PART V	. REFERENCES
List two personal references (not relate	d to von).
·	• ,
Name:	Phone:
Relationship:	
Name:	Phone:
Relationship:	
PART V	I. Submission
Transprint	
Transcript:	t transcript with your application documents.
I certify that the information I have presonance indicates your signature.	ented in this application is true and correct. Typing your
name indicates your signature.	
Signature:	Date: