

STEWARDS MINISTRIES
SCHOLARSHIP APPLICATION
 GRADUATE

SCHOLARSHIP INFORMATION

Stewards Ministries offers a limited number of graduate scholarships. Potential scholarship recipients will be: A full-time assembly commended worker or a full-time staff member at a local assembly or an assembly-related ministry or a graduate student in good standing in an assembly, and is enrolled full-time in a graduate program in theology, or a discipline related to their field of ministry. The intent of this scholarship is to assist those who intend to serve in an assembly, an assembly-related ministry, or on the mission field for at least two years following completion of their studies. A scholarship recipient will be required to affirmatively state his or her intention to comply with these requirements and acknowledge an obligation to repay scholarship funds in the event such a commitment is not completed. The Elders of a scholarship recipient's assembly will be required to provide oversight and mentoring during the academic award year. The award of a graduate scholarship will be under the absolute discretion of the scholarship committee. Matters such as prior academic success, selected academic institution, intended graduate degree program, nature and duration of current assembly ministry, nature of intended post-graduate ministry, and willingness of assembly oversight to provide academic year mentoring will be considered in the awarding of scholarships. Scholarship recipients may receive up to \$2,000 to be used for books and tuition. The funds will be distributed through the recipient's assembly.

APPLICANT INFORMATION

Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		Phone: () -	
City:	State/Province:	ZIP/POSTAL Code:	
Country:		Email:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed		Children <input type="checkbox"/> Yes <input type="checkbox"/> No	

ACADEMIC INFORMATION

What graduate school or program are you planning to attend?			
Address:			Phone: () -
City:	State/Province:	ZIP/POSTAL Code:	
Country:		Email:	
State the Degree you would like to earn and describe the program:			
Length of program:	Classes begin? <i>Month/Year</i>	Anticipated completion date: <i>Month/Day/Year</i>	
Have you applied for admission? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FINANCIAL INFORMATION

Tuition:	Housing/Transportation:	Books and Fees:
Other expenses:	Total estimated cost of program for one year:	
Projection of how expenses will be met?		
Assembly gifts:	Personal savings:	Other gifts:
FAFSA (Federal Application for Federal Student Aid) <input type="checkbox"/> Yes <input type="checkbox"/> No		First payment deadline: <i>Month/Day/Year</i>

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ASSEMBLY AFFILIATION		
Assembly you presently attend:		
Address:	Phone: () -	
City:	State/Province:	ZIP/POSTAL Code:
Country:	Email:	
Are you a full-time commended worker? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide the name and address)		
Name of Commending Assembly:		
Assembly Address:		Phone: () -
City:	State/Province:	ZIP/POSTAL Code:
Country:	Email:	
Contact person:	Email:	

MINISTRY EXPERIENCE
<input type="checkbox"/> Please attach a description of your involvement in your local assembly, assembly-related ministry, or missionary work over the last three years.

MINISTRY PLANS
<input type="checkbox"/> Please attach a statement describing how your graduate education will assist you in serving your local assembly, assembly-related ministry, or on the mission field.

LETTERS OF REFERENCE AND OVERSIGHT
<input type="checkbox"/> Please have the elders of your assembly forward a letter, to the address below, indicating their support of your educational plans. The letter should include: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> An acknowledgement by the elders that the scholarship funds will be distributed through the assembly. <input checked="" type="checkbox"/> A statement that the elders of that assembly are willing to provide oversight for the recipient as needed. <input checked="" type="checkbox"/> A statement that, in the event the recipient does not fulfill his or her declared intention, the elders will remind and encourage the recipient of his or her obligation to repay the scholarship grant. (The assembly will not be responsible for the debt.)

ADDITIONAL INFORMATION
Additional information may be requested by the Scholarship Committee and a telephone interview will be scheduled after all required support documents have been received.

STATEMENT OF INTENT		
In submitting this application, you are acknowledging your intention to work full-time in an assembly or assembly-related ministry or on the mission field for at least two years following completion of your studies. If you are selected to receive a scholarship, you will be required to sign a formal statement of intent that includes an obligation to repay the scholarship grant in the event that you do not fulfill the two-year service requirement.		
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Signature:</td> <td style="width: 30%; border: none;">Date: Month/Day/Year</td> </tr> </table>	Signature:	Date: Month/Day/Year
Signature:	Date: Month/Day/Year	