

# Midwestern Baptist Theological Seminary and College, SBC

## Student Scholarship Application 2010-2011

The information requested is for scholarship purposes and will only be used to match students with scholarship donor guidelines. You **must** complete both sides. Be as thorough as possible, estimates where applicable.

**PRINT** form for your information. *Incomplete applications will not be considered.*

**1. Fill out completely. 2. Save to Hard Drive 3. Send as email attachment to [financialaid@mbts.edu](mailto:financialaid@mbts.edu)**

Name \_\_\_\_\_  
Last First Middle

### Personal Information

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

City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_

Email (**REQUIRED**) \_\_\_\_\_

Current Phone #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Home State: \_\_\_\_\_

Family Status:  Single;  Married;  Other;

# of children claimed as dependents on taxes: \_\_\_\_\_

Are you an US Citizen?  Yes  No If no, visa status & citizen of what country? \_\_\_\_\_

Have you received or plan to receive any external scholarships? (Church, State Convention, UPS, etc)

Yes  No

If Yes, please list them on the next page of form including the source & relationship, amount and frequency):  
\_\_\_\_\_

**Fill out completely. Save to Hard Drive. Send as email attachment to [financialaid@mbts.edu](mailto:financialaid@mbts.edu)**

- ✓ I hereby give permission for the Financial Aid Office to have access to my application file for the purpose of verifying information contained on this form.
- ✓ My signature also indicates my agreement to abide by **Items 1-4** under **IMPORTANT** as the conditions for accepting the scholarship.

### Academic Record – If no MBTS GPA, enter 0.

School attended prior term: \_\_\_\_\_

Previous GPA: \_\_\_\_\_ MBTS GPA: \_\_\_\_\_

MBTS Degree sought: \_\_\_\_\_

Beginning Semester: Fall 20\_\_\_\_ Spring 20\_\_\_\_

**IMPORTANT:** To be considered for any form of financial assistance, applicant must meet the following criteria:

1. **3.0 GPA** - Most scholarships are available only to students who maintain a cumulation 3.0 GPA.
2. **Full-Time Students** - Enrollment and completion in Masters program – 9 hours/semester; Undergraduate program – 12 hours/semester.
3. **Attend Chapel** - If on Main Campus & Day Student
4. **Fully Admitted** - Admissions application must be completed and fully admitted into the degree program listed above.
5. Scholarship are not available for J-term courses.
6. Award(s) are listed as a credit to the students account to cover school-related expenses as listed on the student's school account.
7. Applications are due in the Financial Aid office by **July 15<sup>th</sup>** for the Fall, **Dec 15<sup>th</sup>** for the Spring.
8. Questions can be directed to Student Development at 800-944-6287

Would you be willing to be called on to help the seminary in extra-curricular activities, (i.e. phone-a-thon or ushering graduation)?  Yes  No

Applicant's signature

Date

**Church and Related Ministries**

Church that holds your membership: \_\_\_\_\_ Denomination: \_\_\_\_\_

Current Ministry Position – Staff    Volunteer \_\_\_\_\_

Previous ministry or leadership position(s): \_\_\_\_\_

Ministerial plans after seminary: \_\_\_\_\_

**Financial Needs**

**Monthly Income** - If information will change upon attending MBTS/MBC, please state as estimates. Estimates are OK, but be realistic. For instance, if you can only work 20 hours/week at approximately \$9/hour, your monthly income would be \$780 {20x9=180/week; 180x52=9360/year; 9360/12=780/month} Zeroes are not realistic.

Applicant’s employer(s) \_\_\_\_\_ Monthly Income \_\_\_\_\_ Hrs/Wk \_\_\_\_\_

Spouse’s employer(s) \_\_\_\_\_ Monthly Income \_\_\_\_\_ Hrs/Wk \_\_\_\_\_

Other income (disability, G. I. Bill, pension, etc.) \_\_\_\_\_ Monthly Income \_\_\_\_\_

**Total monthly income:** \_\_\_\_\_

**Monthly Expenses** – See Cost of Attendance form for some expense values.

Tithe: \_\_\_\_\_

Housing (Rent/Mortgage, Insurance): \_\_\_\_\_ Transportation (Car Loan, Gas, Repairs, Insurance): \_\_\_\_\_

Utilities (Gas, Electric, Phone): \_\_\_\_\_ Credit Card Payments: \_\_\_\_\_

Groceries: \_\_\_\_\_ Other Unsecured Debt: \_\_\_\_\_

Insurance (Health, Life): \_\_\_\_\_ Other: \_\_\_\_\_

Recreation: \_\_\_\_\_ **Total monthly expenses:** \_\_\_\_\_

**Financial Need (Income – Expenses)** \_\_\_\_\_

**Please mark if any of the following is provided for you by any source (church, work, family, etc):**

Housing/Parsonage                       Car/Transportation                       Insurance                       None

Which tuition plan do you qualify for?       SBC                       Baptist, Non-SBC                       Non-Baptist

Do you qualify for MBTS Employment discounts?       Yes                       No

**Financial Assistance & Scholarships** - List all money you will receive from sources not listed above, i.e. trust funds, parents/family, church, etc. Include frequency that source provides assistance i.e. monthly, by semester, annually.

Source & Relationship	Amount	Frequency

**Optional Essay** – Use space below to write a brief statement of your need for a scholarship. Describe any unusual financial expenditure or other circumstances that affect your financial well-being.
