

**MISSOURI SCHOOL OF MINISTRY**

**2019 Scholarship Application Form**

Received:
Amount:

Name: \_\_\_\_\_ Student ID Number \_\_\_\_\_

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

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

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

E-mail \_\_\_\_\_

Program of Study  
0 Certified Minister Level  
0 Licensed Minister Level  
0 Ordained Minister Level

Church you attend: \_\_\_\_\_

Pastor or Presbyterian's name: \_\_\_\_\_

Describe your current ministry \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly explain your current financial situation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your spouse currently taking classes with Missouri SOM? \_\_\_\_\_ Yes \_\_\_\_\_ NO

Has your spouse applied for SOM scholarship funds? \_\_\_\_\_ Yes \_\_\_\_\_ NO

\_\_\_\_\_  
STUDENT SIGNATURE DATE