

MISSOURI SCHOOL OF MINISTRY
2022 Scholarship Application Form

Received:
Amount:

Name: _____

Student ID Number _____

Address: _____

City: _____ State ____ Zip _____

Phone: _____

E-mail _____

Program of Study

- Certified Minister Level
- Licensed Minister Level
- Ordained Minister Level

Church you attend: _____

Pastor or Presbyter'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

NOTE: Ask your presbyter or pastor to send a letter of recommendation to the email address or mailing address to help the school decide in awarding scholarships.

Signature

Date

Scan and email completed form to jorf@somoag.org or mail to: SMDC ATTN: School of Ministry 528 W. Battlefield Rd. Springfield, MO 65807
