

**MISSOURI SCHOOL OF MINISTRY**  
**2020 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 <a href="mailto:jorf@somoag.org">jorf@somoag.org</a> or mail to: SMDC ATTN: School of Ministry 528 W. Battlefield Rd. Springfield, MO 65807
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