



PASTORS SCHOLARSHIP APPLICATION

Pastor's Name _____ Date _____

Spouse's Name _____

Permanent Address _____

Telephone (Home) _____ (Cell) _____

Child's Name _____ **Child's Age** _____ **Grade Entering** _____

1. _____

2. _____

3. _____

4. _____

CHURCH

Name _____

Address _____

Telephone (Church) _____ (Cell) _____

Denomination _____

MINISTRY

Pastoral Status _____ Senior Pastor _____ Full-time

_____ Associate/Assistant Pastor _____ Full-time

Licensed by _____

Ordained by _____

Date of Ordination _____ Place of Ordination _____

If Associate/Assistant Pastor, please list ministry responsibilities _____

Pastor's Signature _____

Spouse's Signature _____

OFFICE USE

Credentials verified by _____ Approved ___ Denied ___

Authorized Signature _____ Date _____