

**GEORGIA BAPTIST FOUNDATION, INC.**  
**Seminary Scholarship Application**

***Please return this form to seminary financial aid office***

Name of Applicant \_\_\_\_\_ SS# \_\_\_\_\_

Home Address in Georgia: Street (or PO box) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address at Seminary: Street (or PO box) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Married? \_\_\_\_\_ Number of dependents \_\_\_\_\_

Name and **Address** of Georgia Baptist Convention church, which endorsed your application to seminary: (*Application will not be processed without **complete** name and address.*)

Have you served as a pastor or other paid church worker? If so, where, in what position, and for how long?

**Which seminary will you attend (or are you attending)?** \_\_\_\_\_

**Course of Study:** \_\_\_\_\_ Ministerial \_\_\_\_\_ Foreign Missions \_\_\_\_\_ Home Missions \_\_\_\_\_ Christian Education  
\_\_\_\_\_ Church Ministry \_\_\_\_\_ Other : \_\_\_\_\_

**Degree Program:**

**Master**

\_\_\_\_\_ PhD \_\_\_\_\_ EdD \_\_\_\_\_ DMA \_\_\_\_\_ ThM

**Doctoral**

\_\_\_\_\_ Dmin

**Other Degree Program (please explain):** \_\_\_\_\_

**Number of Attempted Hours** \_\_\_\_\_

**Date of first semester in seminary:** \_\_\_\_\_

**Anticipated Graduation Date** \_\_\_\_\_

Where have you attended college? \_\_\_\_\_

What past degree or degrees have you earned? \_\_\_\_\_

Should you not follow a church-related vocation after graduation or withdrawal from seminary, would you consider it reasonable to be expected to repay the amount of this scholarship at the rate of at least \$100 per year?

Comments: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_