



APPLICATION FOR DOCTOR OF MINISTRY (DMIN) SCHOLARSHIPS

This form must be submitted by applicants for all DMIN scholarships. This form cannot be processed until all information is provided. Federal loans are not currently available to DMIN students. Scholarships are awarded for one year at a time and re-application is necessary each year.

Personal Information

Name: _____ Social Security Number: _____-____-____

Date of Birth: _____ Male Female

Address: _____
Number/Street/Apt. City State ZIP

Home Phone: _____ Cell/Work Phone: _____

E-Mail: _____ U.S. Citizen? Yes No (If no, please submit copy of green card.)

Occupation: _____

Spouse's Name: _____ Spouse's Occupation: _____

PRIVACY NOTICE: Until I give you further written notice, you may discuss my financial aid with myself and (check one):

- Just myself
- My spouse
- Other (name): _____
- Relation: _____ Phone: _____

Church Information

Membership at: _____ Date hired/joined: _____

Church Address: _____
Number/Street City State ZIP

Pastor's Name: _____

Denomination: PCA Other: _____

If PCA, home Presbytery: _____

Educational Plan

Expected Graduation Date: _____

Anticipated number of credits/hours:	Summer 20__	=	____	Fall 20__	=	____
	January 20__	=	____	Spring 20__	=	____

Financial Information

Applicant's gross annual income
(include housing allowance or
value of house provided, if applicable): \$ _____

Do you anticipate your church or another source
helping you pay your tuition? Yes No

If so, how much do you anticipate? \$ _____

Spouse's gross income
(include housing as above): \$ _____

Family size
(include self, spouse, dependent children): _____

Savings/Funds
(excluding tax-deferred retirement plans): \$ _____

Miscellaneous Income
(child support, VA or Social Security
benefits, etc.; please specify at right): \$ _____ → Type: _____

TOTAL RESOURCES: \$ _____

Please explain why you are applying for financial aid:

Please use an additional sheet to explain any circumstances that you feel the Financial Aid Committee should be aware of when considering your application for financial aid.

Verification Statement/Release of Information (please initial)

____ I affirm that the information supplied on this application is true and accurate to the best of my knowledge, and I authorize the Financial Aid Committee to exchange information concerning my educational financial assistance, grades, and personal conduct with any federal, state, public or private organization or sponsor(s) for purposes of receiving or maintaining financial aid.

Financial Aid Handbook Required Reading and Policies (please initial)

____ I have read and completely understand the *Financial Aid Handbook*.

____ I agree to report additional financial aid received and/or any change in my ministry, marital, or financial status to the Director of Financial Aid.

Method of Notification (please answer yes or no)

____ I agree to have my financial aid award letter posted on my student portal and understand that I will be notified by the primary email shown in my Covenant Seminary record when it is ready to be viewed.

Student Name

Date completed