

Missouri State Association of Free Will Baptists

202 West Commercial, Lebanon, MO 65536 1-866-532-6537 FAX: 417-588-7068

Scholarship Agreement Missouri State Association of Free Will Baptists Ministerial Scholarship

| | I, | agree to the conditions set forth by the Missouri | |
|------------|---|---|--|
| | State Association of F | ree Will Baptists for receiving this Ministerial Scholarship. | |
| | | | |
| • | • I understand that this scholarship is in the amount of \$500.00 per semester to be paid directly to my account with the college. | | |
| • | of Free Will Bapt | this money is to be paid back to the Missouri State Association tists if I fail to maintain an active ministry in a Free Will Baptist od of five years after completing my course of study. | |
| • | • I understand that my course of study must be completed in a reasonable amount of time. Any failure to complete the course should be explained to the Missouri Executive Office. | | |
| | Signed: | | |
| | Date | | |
| | | | |
| | | | |
| For Office | Use Only: | Approved: | |
| | | Date: | |
| | | Semester: | |
| | | School: | |