



**Missouri State Association of Free Will Baptists**  
**202 West Commercial, Lebanon, MO 65536**  
**1-866-532-6537 FAX: 417-588-7068**

## **Ministerial Scholarship Application**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Are you: Licensed \_\_\_\_\_ Ordained \_\_\_\_\_  
Name of the MO church where you are a member \_\_\_\_\_  
Pastor's Name \_\_\_\_\_  
Do you grant MOFWB permission to contact your pastor? YES \_\_\_\_\_ NO \_\_\_\_\_  
Year graduated from High School \_\_\_\_\_ Name of HS \_\_\_\_\_  
School you will be attending \_\_\_\_\_  
Are you pursuing an: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ Degree?  
You will be enrolled as:  
Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Graduate \_\_\_\_\_  
Fall \_\_\_\_\_ (date) Spring \_\_\_\_\_ (date)  
Number of hours (Fall) \_\_\_\_\_ (Spring) \_\_\_\_\_

**Note:** Undergraduates must be full-time students maintaining at least the minimum number of hours for that status.

Graduate students must maintain minimal part-time status, enrolled in at least two courses per semester or a combined total of four courses per year.

Please understand that if this application is approved the amount of \$500.00 per semester will be sent to the students account at the college of attendance.

All approved applicants will be required to sign an agreement that any monies received will be repaid to the Missouri State Association of Free Will Baptists if they fail to maintain and active ministry in a Free Will Baptist church for five years after completing their course of study.

**Please return this application to:**

Missouri State Association of Free Will Baptists  
PO Box 991  
Lebanon, MO 65536