

Christian Ministry Scholarship Application

This application is **due by May 31.** Late submissions will not be accepted. Please send to **office@febcministries.org**

Basic Information:

First name:	Last name:	
Phone:	Email:	
Address line 1:		
Address line 2:		
City:	State/Province:	Zip/Postal code:

Education Background:

Year of high school graduation:	
Current GPA/school average:	Number of college credit hours completed:
If college graduate - degree(s) & year earned:	

Education Plans:

School name:							
School address:							
School city:	State/Province:		Zip/Postal				
Have you been accepted?	Yes	No	Will you be a full-time student?		Yes	No	
Year of study (freshman, sophomo	ore, etc.):						
Major:	Minor:						
Does the school's doctrinal sta	atement ag	ree with the	FEBC Articles of Faith?	Yes	No		
If not, what is different or miss	ing?						
Link to school doctrinal statem	ient (or atta	ch scan):					

What do you plan to do after college? Pursue vocational ministry (pastor, missionary, etc.)? Please explain:

Are your parents/spouse supportive of your plans?	Yes	No	If so, how?	

Church Involvement:

Are you a member of or do you regularly attend an FEBC Church?		Yes	No		
Home church city:	Home FEBC church name:				
How long have you been regularly attending an FEBC church?					

How does your church minister to you?

How do you serve in your church and why?

What church do you plan to attend when at school?

How do you plan to serve in this church?

Have you received Jesus Christ as your Savior? Yes No If yes, when?

Summer Plans:

What are your summer plans (work and/or ministry):

Employer and/or ministry name:

Anticipated duties/roles:

Financial Information:

Who provides your principal support for school?	Self	f	Spouse	Parent/Guardian
How do you plan on paying for school?				
What is your expected cost for a year of school?				
Have you received an FEBC scholarship before?	Yes	No	If yes, when?	

Pastoral Reference:

 Name of pastor we may contact:

 Pastor's role (senior, youth, etc.):
 Pastor's email:

Final Details:

I certify that the information given above, which FEBC is authorized to verify, is true and correct. This application will remain the property of the FEBC whether approved, not approved or withdrawn.

Student signature (may be typed):	Date:	
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If student is a DEPENDENT completion of the following is required by parent or guardian:

I have read this application and to the best of my knowledge and belief, it is correct. I understand that my signature does not infer any financial responsibility on my part.

Parent/guardian signature (may be typed):

Date:

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Selection of scholarship recipients will be finalized at the FEBC annual meeting. All applicants will be notified by July 31 whether or not they have been awarded a scholarship.