

Name _____

Scholarship for 2020-2021

New _____

Renewal _____

Expected Seminary Graduation Date _____

Please type or print

Black ink only

**SCHOLARSHIP APPLICATION FOR
THE NELDA C. SEAL
ENDOWED SCHOLARSHIP FOR
MISSION PASTORS**

Woman's Missionary Union
Louisiana Baptist Convention
P. O. Box 311
Alexandria, LA 71309

GUIDELINES

Dear Applicant:

- **Please read this application carefully before you complete and submit it. If you have any questions about your qualifications for application, please call 318.448.3402, ext. 268.**
 - **Check with your references before you list them to be sure you are providing us with the correct contact information. Reference forms will be emailed or mailed to them from our office.**
 - **Applications are available from September 1 – June 15. Applications must be postmarked on or before June 15. Applications postmarked after June 15 will NOT be accepted.**
- Recipient must give evidence of call to ministry.
 - Recipient must be pastoring a Louisiana Baptist Convention Mission Church.
 - Scholarships provide tuition assistance for ministerial students attending a southern Baptist Convention Seminary or their approved extension center classes. (A student receiving full-time scholarship would not qualify for the Nelda C. Seal Endowed Scholarship for Mission Pastors.)
 - Scholarships will be administered by the Scholarship Committee of Woman's Missionary Union of the Louisiana Baptist Convention as approved by the Louisiana Woman's Missionary Union Council.
 - Scholarship funds will be paid directly to the Seminary.
 - Scholarships will be granted for the diploma in Christian Ministry Program or the Master's Program.

**NELDA C. SEAL ENDOWED SCHOLARSHIP
FOR MISSION PASTORS**

Name _____ **DOB** _____

Address _____ **Phone** _____

City _____ **Zip** _____

Place of Birth _____

Social Security No. _____ (For program use only)

Mission Church _____ **Annual Salary \$** _____

Address _____ **Phone** _____

City _____ **Zip** _____

Email Address _____ **Cell Phone** _____

Other Employment _____ **Income \$** _____

Spouse Employment _____ **Income \$** _____

Annual Total Family Income \$ _____

Education: High School Yes No **College** Yes No **Degree** _____

Name of College _____

Address _____

Marital Status: Single Married Divorced Separated Widowed

Children: How Many _____ Ages: _____

Name/City Church Currently Pastoring: _____

How long have you pastored at present church plant? _____

Where do you plan to attend Seminary? _____

Curriculum Choice: Masters - Degree plan pursued _____

Diploma of Christian Ministry - Degree plan pursued _____

Full Time Part Time Extension Campus Location _____

Number hours enrolled for _____

References:

Director of Missions _____ **Association** _____

Address _____ **City, Zip** _____

Email Address _____

Office Phone Number _____

Sponsoring Church _____ **Pastor** _____

Church Address _____

Email Address _____

City _____ **Zip** _____

Church Phone Number _____ **Home Phone Number** _____

Please attach a brief, typed narrative including of your conversion and call to ministry and reasons for attending seminary.

Signature of Applicant

Date