

**KENTUCKY WOMAN'S MISSIONARY UNION
SCHOLARSHIP APPLICATION FOR SEMINARY/CHRISTIAN GRADUATE SCHOOL**

Requirements for applicants:

_____ **Eager**

*A graduate of an accredited college or university

*A minimum 2.7 GPA on a 4.0 scale

*An active member of a Baptist Church

*Application postmarked no later than February 15

***PLEASE INCLUDE A COPY OF YOUR MOST RECENT TRANSCRIPT.**

Please attach
recent photo.

PERSONAL DATA

Name _____ Sex _____ Age _____ Birthdate _____
Last First Middle month /day /year

E-mail _____

Social Security # _____ Birthplace _____ Years lived in KY _____

Mailing Address _____

Permanent residence _____ Phone _____

Marital status _____ Name of spouse _____ Number of children _____

Sources of anticipated income _____

EDUCATIONAL BACKGROUND

Name and address of **college** _____

Dates attended _____

Major _____ Date graduated _____ Degree _____

Grade point average _____ 4 or 12 point system (check one)

List organizations or clubs and offices held (if any) _____

Name and address of **graduate school**: _____

Hours completed _____ Grade point average _____ 4 or 12 point system (check one)

Degree Program _____

CHURCH

Name and address _____

Association _____ Pastor's name/address _____

Are you a Christian? _____ How long? _____ Church member? _____ How long? _____

Church organizations in which you are involved _____

Involvement in Woman's Missionary Union (Acteens, Girls in Action, Children in Action) _____

Do you have specific responsibilities in these organizations? _____

Answer the following questions in paragraph form. Attach your answers to this form.

1. How did you become a Christian? Write your detailed testimony.
2. What are your career goals? (Be specific.)

REFERENCES: Please give complete mailing addresses. References must be someone other than a relative.

_____	()	
Pastor	complete mailing address (including city, state, and ZIP code)	phone number
_____	()	
Personal Reference	complete mailing address (including city, state, and ZIP code)	phone number
_____	()	
Personal Reference	complete mailing address (including city, state, and ZIP code)	phone number

The information in this application is correct to the best of my knowledge.

Applicant's Signature

Date

Mail to: SCHOLARSHIPS; Kentucky WMU; P.O. BOX 436569; Louisville, KY 40253-6569 by February 15