I. THE APPLICATION PROCESS

Persons asking for scholarship aid from the International Baptist Seminary Scholarship Fund are to complete and mail the following documents to the International Baptist Seminary Scholarship Fund, at the address on the top of this form:

- Application form
- Financial Statement
- Endorsement Forms (2)
- Statement of Christian Vocation (approximately 100 words with typed name on top of page)

II. ELIGIBILITY FOR SCHOLARSHIP AID

1. The applicant must be from an ethnic group whose first language is other than English and must be preparing for ministry in the United States with that ethnic group.

2. Two endorsements for the potential of this ministry must be supplied by an American Baptist pastor, area minister, and/or denominational leader, and/or institution personnel.

3. The applicant must be a citizen of the United States or a permanent resident.

4. The applicant must demonstrate the need for IBS scholarship assistance to cover educational and related personal expenses, and have the intent and possibility for completion of the course of study.

5. The course of study must be pursued at an accredited institution listed in the Higher Education Directory or the Membership List of the Association of Theological Schools unless otherwise approved by the Board.

6. The course of study should lead to a degree or certification appropriate to or required by the chosen Christian ministry, M.A., M.T.S., M.Div, or other seminary degree from an accredited seminary. We also offer financial assistance to D.Min and PhD candidates.
III. SCHOLARSHIP AMOUNTS

1. A scholarship of between a minimum of $500 and a maximum amount of $3,000 per academic year is available to full-time students.

2. A one-time scholarship of $1,000 is available to full-time D.Min students. A scholarship of $3,000 is available to full-time PhD or ThD students after satisfactory completion of the first year of study. A one-time renewal is available.

3. Scholarship aid will be granted to summer school students upon application; amounts to be determined in each case.

4. Partial scholarship aid will be granted to part-time students; amounts to be determined in each case.

5. Funds will be remitted directly to the institution upon certification of enrollment and receipt of transcripts of records. Aid will be disbursed only on a semester-to-semester basis.

In the event there is a change in the student’s statues, an immediate notification must be made to the International Baptist Seminary Scholarship Fund.

IV. MAINTAINING ELIGIBILITY

1. The student must maintain a grade point average of “C” or better.

2. Students are expected to request a renewal for aid and submit a new financial statement each school year.

3. A copy of the grades or a copy of the official transcript shall be sent to the Chairperson of International Baptist Seminary Scholarship Fund at the end of each semester to the address on the front of this application.

4. Immediate notification of a change of student status shall be sent to the National Coordinator for Intercultural Ministries – Asian Churches Strategist (Use the address on the front of this application.) Chairperson of International Baptist Seminary Scholarship Fund (address as shown on cover letter)

Note: Failure to maintain eligibility will result in withholding of funds and/or loss of scholarship.

(Revised April 2009)
INTERNATIONAL BAPTIST SEMINARY SCHOLARSHIP FUND
National Ministries ABC/USA
P. O. Box 851, Valley Forge PA 19482-0851

Application for Scholarship Aid
All documents must be returned to our office by due date indicated on letter sent with this form in order to be considered for current academic year.

PLEASE TYPE OR PRINT (Use separate sheet when necessary) Date__________________

PERSONAL

1. Name ____________________________________________________________
   (Mr. Mrs. Miss. Title) (Last Name) (First Name) (Male/Female)

2. Mailing Address ________________________________________________
   (Street and number) (City) (State) (Zip Code)

3. Permanent Address ____________________________________________
   (Street and number) (City) (State) (Zip Code)
   Phone Number: Home________ Institution________ Cell #________

4. Date of Birth ____________ Age _______ Single________ Married________

5. U.S. Citizen _____ U.S. Permanent Resident _____ Current Official Status ______

6. Of what congregation are you a member?

   ____________________________ (Name of Congregation)
   ________________ (City) (State)

7. List Language Speaking __________________________ Ethnicity ______

8. IMPORTANT: Please submit a separate statement of approximately 100 words,
   stating why you wish to enter a Christian Ministry related to the American Baptist
   Churches, U.S.A., stating which specialized field you have chosen.

EDUCATION

9. List Institutions (up to undergraduate level) where you have studied, beginning with highest
   academic achievement including the one in which you are now enrolled.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Dates Attended</th>
<th>Degree</th>
<th>Year Degree was obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(OVER)
10. Name of institution/seminary you are attending or you plan to attend?

Date of enrollment

Please indicate if you are: Full-time or Part-time

11. If already enrolled, please state:

Credits already earned:
Credits required for graduation:

Year you expect to graduate:
Graduating degree you expect to earn:

FINANCIAL INFORMATION

12. Please complete the attached financial form and return with this application.

REFERENCES:

13. Please give three references, including a ABC/USA pastor, or its recognized affiliates, or a staff member of an institution so related:

1. Name
   Address
   Phone No.

2. Name
   Address
   Phone No.

3. Name
   Address
   Phone No.

STATEMENT BY APPLICANT FOR AID

In making this application, I affirm

1) That I have read and understand the principles and provisions of the Rules and Regulations of the International Baptist Seminary Scholarship Fund and accept them in good faith.

2) That the information I have given herewith is correct and complete, and

3) That the aid request is necessary for me to continue my studies.

4) International Baptist Seminary Scholarship Covenant

   In accordance with the purpose statement and regulations as set forth by the International Baptist Seminary Scholarship Fund, I hereby Covenant to be a good steward of these financial aid resources given to sustain American Baptist ethnic leadership. I covenant to remain active in an American Baptist ministry related setting for each year of scholarship received. If I fail to comply with this covenant, I will be liable for payment of all scholarship funds.

I further state that if there should be any factor which makes a significant change in this statement of my personal, education or financial circumstances, I will promptly notify the Chairperson of the International Baptist Seminary Scholarship Fund, National Ministries, P.O. Box 851, Valley Forge, PA 19482-0851.

Date: ___________________ Signature ___________________

(revised April 2009)
FINANCIAL STATEMENT

Academic Year from _______ to _______

INTERNATIONAL BAPTIST SEMINARY SCHOLARSHIP FUND

Instructions: Student must give estimates for a full year from September 1st to August 31st of the following year. Include income and expenses for the entire family, if you are married. Please type or print in black ink, filling in both sides of this sheet. Keep a copy for yourself. Enter amount in dollars; omit cents.

Name and Address of Seminary or Institution

Name and Address of Applicant

e-mail

Home phone #: (_____) __________________________  Cell phone #: (_____) __________________________

ANNUAL INCOME: (Do not include income sought through this application)

* Please fill with annual financial information

<table>
<thead>
<tr>
<th>Estimated For this application</th>
<th>For use of financial aid officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

1. Income available to you from all sources:
   a. Savings from summer work or other sources that will be available to you at the beginning of academic year
   b. Gross earnings during academic year
   c. Field education earnings/stipends
   d. Gross earnings of spouse
   e. Funds available from parents, relatives, friends
   f. From local church
   g. Grants and scholarships from institution you plan to attend
   h. Other institutions
   i. Loans (for information only & will not be counted as income)
   j. Veteran’s benefits
   k. Other income (specify)

TOTAL ESTIMATED INCOME

$  

2. Mention any aspect of your financial situation of special significance for consideration of your application:

________________________________________________________________________

________________________________________________________________________
ANNUAL EXPENSES: (if married, include expenses of total family)

<table>
<thead>
<tr>
<th>Estimated For this application</th>
<th>For use of financial aid officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. a. Tuition @ $ _______ per credit (either F.T. or P.T.)</td>
<td>$</td>
</tr>
<tr>
<td>b. Fees (matriculation, library, graduation, etc.)</td>
<td></td>
</tr>
<tr>
<td>c. Compulsory health insurance</td>
<td></td>
</tr>
<tr>
<td>d. Room (or residence rent, including utilities)</td>
<td></td>
</tr>
<tr>
<td>e. Board (or food) including off-campus meals</td>
<td></td>
</tr>
<tr>
<td>f. Books and other educational supplies</td>
<td></td>
</tr>
<tr>
<td>g. Clothing, laundry and cleaning</td>
<td></td>
</tr>
<tr>
<td>h. Recreation</td>
<td></td>
</tr>
<tr>
<td>i. Incidents</td>
<td></td>
</tr>
<tr>
<td>j. Public transportation</td>
<td></td>
</tr>
<tr>
<td>k. Medical and dental, not covered by insurance</td>
<td></td>
</tr>
<tr>
<td>l. Life insurance</td>
<td></td>
</tr>
<tr>
<td>m. Contribution to church</td>
<td></td>
</tr>
<tr>
<td>n. Child care for working parents</td>
<td></td>
</tr>
<tr>
<td>o. Estimated income taxes and Social Security to be paid on income listed in 1b, c, d</td>
<td></td>
</tr>
<tr>
<td>p. Other expenses (please specify)</td>
<td></td>
</tr>
<tr>
<td>q. Debt from previous years that needs to be paid during academic year</td>
<td></td>
</tr>
<tr>
<td>r. Automobile expenses:</td>
<td></td>
</tr>
<tr>
<td>(1) Operating cost (includes license, insurance, maintenance, gas)</td>
<td></td>
</tr>
<tr>
<td>(2) Monthly Payments</td>
<td></td>
</tr>
<tr>
<td>4. Total expenses (must be larger than estimated income)</td>
<td></td>
</tr>
<tr>
<td>5. Total estimated income from first page</td>
<td></td>
</tr>
<tr>
<td>6. BALANCE (total expenses less total income)</td>
<td>$</td>
</tr>
</tbody>
</table>

Return Financial Form to: International Baptist Seminary Scholarship Fund
National Ministries, P.O. Box 851,
Valley Forge, PA 19482-0851
Attn. Kim Wilkins
(updated April 2009)
ENDORSEMENT FORM

INTERNATIONAL BAPTIST SEMINARY SCHOLARSHIP FUND
National Ministries ABC/USA
P. O. Box 851, Valley Forge PA 19482-0851

The International Baptist Seminary Scholarship Fund (IBS) provides scholarships to seminarians of ethnic heritage who are members of an American Baptist congregation. The student's church pastor or regional staff person that he/she is a member in good standing of a church related to the American Baptist Churches must endorse applicants.

For the reason mentioned above, you are being asked to give endorsement to this candidate who has applied for an IBS scholarship. IBS would like to have your endorsement in its files no later than two weeks after you receive this statement.

We appreciate you helping us decide if this candidate has the necessary qualifications to receive an IBS scholarship. So, please sign this statement and mail it to the IBS address above.

ENDORSEMENT

(PLEASE PRINT OR TYPE)

I am endorsing __________________________ (Name of applicant)

I am not endorsing __________________________ (Name of applicant)

He/she is a member of __________________________

Church Address __________________________

Explain why you did or did not endorse the applicant: __________________________

________________________

________________________

________________________

________________________

Title __________________ Print Name __________________

Date __________________ Signature __________________

Email Address __________________ (____) Home/Cell Phone __________________

(Please send the signed form to the address above; keep one in your files)

(Revised April 2009)
ENDORSEMENT FORM

INTERNATIONAL BAPTIST SEMINARY SCHOLARSHIP FUND
National Ministries ABC/USA
P. O. Box 851, Valley Forge PA 19482-0851

The International Baptist Seminary Scholarship Fund (IBS) provides scholarships to seminarians of ethnic heritage who are members of an American Baptist congregation. The student's church pastor or regional staff person that he/she is a member in good standing of a church related to the American Baptist Churches must endorse applicants.

For the reason mentioned above, you are being asked to give endorsement to this candidate who has applied for an IBS scholarship. IBS would like to have your endorsement in its files no later than two weeks after you receive this statement.

We appreciate you helping us decide if this candidate has the necessary qualifications to receive an IBS scholarship. So, please sign this statement and mail it to the IBS address above.

ENDORSEMENT

(PLEASE PRINT OR TYPE)

I am endorsing ____________________________
(Name of applicant)

I am not endorsing ____________________________
(Name of applicant)

He/she is a member of ____________________________
Church Address ____________________________

Explain why you did or did not endorse the applicant: ____________________________________________

_____________________________________________

_____________________________________________

_____________________________________________

Title ____________________________ Print Name ____________________________

Date ____________________________ Signature ____________________________

Email Address ____________________________ Home/Cell Phone ____________________________

(Please send the signed form to the address above; keep one in your files)

(Revised April 2009)