

**Western North Carolina Association
Seminary Scholarship Form**

*Please read all instructions on the Association's Scholarship webpage
(www.wnca-soc.org/scholarships) prior to completing this form.*

Personal Information

First Name

Middle Initial

Last Name

Address, Apt. #

City

State

Zip Code

Date of Birth

Name of Your Church (City)

____ / ____ / ____

Phone Number

Email Address

(###) ###-#### (cell/home)

Academic Information

Please provide information based on your current/future enrollment in Seminary or Divinity School.

Where did you earn your most recent degree?

School Name/ Degree/ Year

Name of the school you will be/ are attending

School Name/ Degree

Current GPA

Expected Completion Date

_____ (MM/YYYY)

Tuition cost per year?

\$ _____

Financial aid you expect to receive this year?

\$ _____

How do you plan to pay for your education?

What are your plans upon graduation? (choose all that apply)

- Academia
- Chaplaincy
- Counseling
- Mission Work
- Nonprofit Work
- Pastoral Ministry
- Other: _____

Do you expect to be a:

- Full-time student
- Part-time student

Is there any other information you would like the committee to consider?