

Bob Fenn Seminary Scholarship Fund Application Form

Contact Information:

Name: Mr. Mrs. Ms. Miss _____
(First) (Last) (MI)

Mailing Address: _____
(Street) (City) (State & Zip)

Phone Number: (_____) _____ e-mail address _____

Other Contact Information if Applicable: _____

How long have you been a member of Greentree Community Church? _____

Seminary Information:

Name of Seminary Attending: _____

Address: _____
(Street) (City) (State & Zip)

Name & Title of Financial Aid Contact: _____

Phone Number: (_____) _____ e-mail address _____

Date Beginning Seminary: _____ 20_____
(Month)

Degree Program in which you are enrolled: _____

Profile Questions:

Please answer the following questions in typewritten format and attach to your application.

1. Please give a brief outline of your Christian testimony:
2. Please describe your calling to and gifting for Christian ministry:
3. Please share your ministry / career goals upon completion of seminary:
4. Please include any other information you think would be helpful to us as we consider your application: