

Bertie Thompson Ministry Scholarship
Application Form

I. Contact Information

Applicant's Name _____ Date: _____

Parent/Guardian Name(s) _____

Applicant's Address:

E-Mail: _____

Cell Phone: (_____) _____

II. Institution Information:

Name of College or University applicant will be attending

Address _____

Phone _____

III. Testimony and Calling: Please write your personal testimony of coming to faith in Christ and then God's call upon your life into ministry:

Personal Testimony:

[illegible]

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IV. Ministry and Student Involvement

I have been a member of _____ Church since _____

(Month/year)

Please list your involvement in the following areas:

A. Church

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B. Community

[illegible]

C. School

V. Church/Pastor Recommendation

Please, provide a copy of the church minutes of the recommendation approved by the church.

_____ Baptist Church
Church's Name

recommends

Applicant's Name

for consideration in receiving the Bertie Thompson Ministry Scholarship on this date of:

The applicant demonstrates commendable Christian character and is an active member of this church. We affirm this person's direction by God into Christian ministry and will pray for him/her as he/she pursues that calling.

Pastor or Church Clerk

Date