

Jim and Judy Wells Ministry Scholarship Application

(rev 08/2019)

Personal Information

Name (first/MI/last) _____

Mailing Address _____

Phone _____ Email _____ Date of Birth _____

Church Membership (church name/city/state) _____

Current Employment (place/position) _____ Full-time Part-time

Ministry Information

Ministry Objective _____

Current Ministry Responsibilities _____

Academic Institution Information

Academic Institution _____

Mailing Address _____

Student Status (check all that apply) New Continuing Full-time Part-time

Degree being sought _____ Major/Concentration _____

Current GPA _____ Anticipated Graduation Date (MM/YY) _____ For high school seniors: ACT or SAT score _____

References

Applicant's Pastor _____

How long acquainted _____ Phone _____ Email _____

Professor or teacher _____

How long acquainted _____ Phone _____ Email _____

Personal Reference (non-family) _____

How long acquainted _____ Phone _____ Email _____

Applicant's Certification

The information reported is true, correct and complete, to the best of my knowledge.

Applicant's Signature _____ Date _____