



North American Division of Seventh-day Adventists

12501 Old Columbia Pike, Silver Spring, MD 20904-6600 • Tel. Nos.: (301) 680-6414 / (301) 680-6415 • Fax: (301) 680-6464

NOTE: Un-sponsored Ministerial Scholarship

MINISTERIAL SCHOLARSHIP/INTERNSHIP APPLICATION

Please **COMPLETE** this form (double-sided), secure the recommendation required from the college/university, and send this form to the local Conference President's Office.

General Information											
Full Name			Spouse Name								
Address											
Telephone Number					Cell Number						
Email Address					Date of Birth						
Citizenship					Nationality						
Marital Status		←Married		Date of Marriage		←Single		←Engaged		Date for Marriage	
Children's Names & Dates of Birth											
Educational Experience											
Academy/High School – Name and Date Graduated											
College/University – Name(s)			Years Attended		Date Graduated		Program/Degree(s)				
Work Experience											
Positions Held			Place				Dates				
Denominational License/Credential			←Ministerial		←Credentialed		←Commissioned		←Missionary		←None
Relevant Church/Volunteer Services (i.e. local church office, volunteer)											
Religious Experience											
Life-long Seventh-day Adventist		←Yes		←No		Year Baptized					
Prior Religious Affiliation											
Financial Information											
Personal Funds Available for Your Seminary Education					\$						
Debts – Creditors – Loans			Amounts				Schedule for Payment				
			\$								
			\$								
Work Intention While Attending Seminary		Self		←Yes		←No		Projected Income		\$	
		Spouse		←Yes		←No		Projected Income		\$	
Personal Commitment											
Have you personally felt the call of God to devote your life to the gospel ministry?							←Yes		←No		
Does your spouse or fiancé(e) share your commitment?							←Yes		←No		

Applicant's Signature and Photograph

Applicant's Signature _____ Date _____ / _____ / _____
Mo Day Yr

Kindly accompany application with a clear, small picture of yourself.

Please note that signature includes authorization for the release of your college/university grades and/or transcripts.

College/University Faculty Recommendation

The faculty of _____ COLLEGE/UNIVERSITY recommend _____ to receive a Ministerial Scholarship to attend the Seventh-day Adventist Seminary.

Signature of College/University President/Designee

Date (month/day/year)

☞ Please complete and forward original application to the local conference president or designee.

Sponsoring Conference Approval

In harmony with the action of the _____ CONFERENCE Committee and in harmony with the Ministerial Scholarship Plan as outlined in the North American Division Policy L 25, I make application in behalf of _____ to begin a Ministerial Scholarship on _____

(Name of Applicant)

Date (month/day/year)

Date of Conference Committee Approval: _____ (month/day/year)

Signature of Conference Secretary/Designee

Date (month/day/year)

☞ Please complete and forward original application to the union president or designee.

Union Conference Approval

Approved by action of the _____ UNION Conference Committee, on _____
(month/day/year)

Beginning date approved by Union: _____ (month/day/year)

Signature of Union President/Designee

Date (month/day/year)

☞ Please complete and forward original application to the MDiv. Director, Seventh-day Adventist Theological Seminary, Andrews University, Berrien Springs, MI 49104.

Theological Seminary Acceptance

We certify that the Applicant _____ has been accepted as a student in the Seventh-day Adventist Theological Seminary of Andrews University for the purpose of completing the requirements of the Master of Divinity Degree, to begin on _____ (month/day/year).

Degree: _____ Program: Traditional (36 months) In-Ministry (42 months)

Signature of MDiv. Director

Date (month/day/year)

☞ Please complete and forward original application to the Associate Treasurer of the North American Division of Seventh-day Adventists, 12501 Old Columbia Pike, Silver Spring, MD 20904.

NADCOA Approval

Approved by the North American Division Committee on _____
Date (mo/day/year) Signature of NAD Associate Treasurer