



****For TMS Use Only****

Date Received: _____
Scholarship Fund: _____
Amount of Aid:
 Fall _____ \$ _____
 Spring _____ \$ _____
Approved by: _____

Application for Church Matching Funds

STIPULATIONS

1. The Master's Seminary will match contributions from a student's home church on a one-for-three basis per semester for fall and spring semesters only. That means TMS will match \$1 for each \$3 contributed by the church. The seminary's contribution cannot exceed \$500 of the tuition cost per semester.
2. The contribution must come directly from the church and not from individuals.
3. This application and a check from the participating church payable to **The Master's Seminary** must be received in our office no later than **July 10 for the fall semester**, and no later than **December 10 for the spring semester**.
4. The student must be enrolled full-time to be eligible for this scholarship. The minimum full-time academic load is 11.5 units per semester (M.Div. and B.Th.). A 4-unit minimum load is required for Th.M. students. Students in the Dip.Th., D.Min., and Ph.D. programs do not qualify.
5. The student must maintain a cumulative GPA of 3.0 or above.
6. The availability of funds is contingent upon budgetary approval for each academic semester.

TO THE PARTICIPATING CHURCH

Please complete this form and mail it, along with a check made payable to The Master's Seminary, to: **The Master's Seminary, Office of Academics, 13248 Roscoe Blvd., Sun Valley, CA 91352.**

Student ID Number	Student Name: Last	First	Middle Initial
P000 _____	_____	_____	_____
Student Address: _____			
City: _____		State/Zip: _____	Country: _____
Student Email: _____		Student Phone Number: _____	
Church Name: _____		Church Phone Number: _____	
Church Address: _____			
City: _____		State/Zip: _____	Country: _____

SIGNATURE

I certify that I am an authorized representative of the church named above and that I have read and understand the guidelines stated above governing The Master's Seminary Matching Funds program. The sponsorship being submitted (enclosed with this application) for the above-named student is a corporate gift of our ministry.

Representative's Name: _____

Signature: _____ Date: _____

Electronic signatures are not accepted