



THE MASTER'S UNIVERSITY

Application for Christian Ministry Dependent Grant

INSTRUCTIONS

- 1. Please print in blue or black ink.
2. Answer every question. Incomplete applications will be returned.
3. If you have questions, call 800.568.6248 ext 2290
4. Send completed form, along with a check made payable to: The Master's University | Office of Financial Aid 21726 Placerita Canyon Road, Santa Clarita CA 91321 FAX 661.362.2693

FOR OFFICE USE ONLY

Date received:

PERSONAL INFORMATION

Student ID Number: P 0 0 0 _ _ | _ _ _ _ | Name: Last First Middle Initial

If unknown, use the last 4 digits of your Social Security Number

Term of Intended Enrollment: Fall 20__ Spring 20__

QUALIFICATIONS

- Child of a full-time Christian day school personnel who provides the primary support for the family (e.g., school administrators, teachers), or child of a full-time Bible teaching pastor, associate pastor, youth pastor, missionary, and/or evangelist who provides the primary income for the family. In all cases, the primary income for the family must be from the organization;
Parent's ministries are consistent with the mission and doctrine of The Master's University;
Demonstrated financial need;
Student meets classification as a full-time student; and
Student must have a minimum cumulative GPA of 2.0.

Grant is awarded on a first come, first-served basis.

PARENT'S INFORMATION

Position Classification: [] Church Worker [] Missionary/Evangelist [] Christian Day School Worker

Position Title: Organization:

- [] Yes, I believe I qualify, and I have included a doctrinal statement from my church or missionary organization.
[] Please renew my application from last year. (A parent signature is not required for a renewal application.)

SIGNATURE

My signature below certifies that I (my son/daughter) meet(s) the scholarship qualifications listed above.

Student's Signature: Date:

Electronic Signatures are not accepted

Parent's Signature: Date:

Electronic Signatures are not accepted