

New Orleans Baptist Theological Seminary

WOMEN'S AUXILIARY SCHOLARSHIP

Qualifications:

1. Must be the wife of a currently enrolled full-time seminary student (12 hours Undergrad/9 hours Masters or more each semester) who has been enrolled for a minimum of one semester prior to your application.
2. Must show evidence of financial need. All sources of income and financial aid must be indicated on this application.
3. Must provide three (3) letters of reference.

To Apply:

1. Complete the attached application.
2. Request three (3) letters of reference from pastors, employers or friends.
3. Submit the application and the letters of reference to:

Women's Auxiliary Scholarship
C/o Financial Aid Office
New Orleans Baptist Theological Seminary
3939 Gentilly Blvd
New Orleans, La 70126

4. Deadline for Fall: April 30th
Deadline for Spring: September 30th

Additional Information:

- **To renew** a scholarship, request in writing for second semester of the same year, or submit a new application along with the required letters of reference for subsequent years.
- The scholarship grant may be used for basic matriculation fees for all classes (including internet, workshops and independent studies), textbooks, supplies, and child care in the Preschool Education Center.

New Orleans Baptist Theological Seminary

APPLICATION FOR WOMEN'S AUXILIARY SCHOLARSHIP

Personal Data

Grant Application
For: School Year
20____ to ____

Applicant's Name

(Last) (First) (Middle)

Age: _____ Birthdate: _____ NOBTS ID#: _____
(MM/DD/YY)

Home Phone No: _____ Cell Phone No: _____

E-mail address: _____

Permanent Mailing Address:

(Street) (City) (State/Zip)

Husband (Full Name): _____

Children (Names and Ages): _____

Health: Excellent _____ Good _____ Fair _____ Poor _____

Explain any specific health problems and/or handicaps: _____

Scholastic/Education Data

College Attended: _____ Date Graduated: _____

List college activities, organizations and/or honors received: _____

NOBTS Intended Class Load:

Full time _____
(9 or more credit hours for Masters,
12 or more credit hours for Undergrad)

Part Time _____
(less than 9 hours for Masters,
less 12 hours for Undergrad)

NOBTS Program in which you are enrolled: _____

List all sources and amounts of financial aid that you will receive or have requested during the period covered by this application.

Requested: _____

Received: _____

Additional Family Income: _____ Total Gross Monthly Income: _____

List and explain any unusual expenses or circumstances that might influence your need for financial assistance. _____

Religious Experience

Home Church: _____ Pastor: _____

Church Address: _____
(Street) (City) (State/zip)

Christian-how long: _____ Southern Baptist-how long: _____

Present Church Membership: _____

Association: _____ Pastor: _____

Present Participation in Organizations: (check those you are involved in)

_____ Sunday School _____ Women's Ministry
_____ Missions _____ Other

List church leadership responsibilities or positions: _____

List other church activities and organizations: _____

References

Give name and complete address for each reference listed. Three (3) required.
(It is YOUR responsibility to request letters of recommendation on your behalf.)

School Teacher, Campus Minister or Professor:

Name: _____ Position: _____

Address: _____

Phone: _____ E-mail _____

Pastor or Other Church Staff Member:

Name: _____ Position: _____

Address: _____

Phone: _____ E-mail _____

Someone who has known you at least two (2) years (other than family members):

Name: _____ Position: _____

Address: _____

Phone: _____ E-mail _____

