

FLORIDA BIBLE COLLEGE / Application for Pastor, Missionary and 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 407-412-9322
4. Send completed form to:

**Florida Bible College Office of Financial Aid
2200 Pembroke Drive, Orlando, FL 32810**

FOR OFFICE USE ONLY

Date received: _____

PERSONAL INFORMATION

Student ID Number: _____ Name: Last _____ First _____ Middle Initial _____

P 0 0 0 _____ | _____ | _____
If unknown, use the last 4 digits of your Social Security Number

Term of Intended Enrollment
Fall 20 _____ Spring 20 _____

QUALIFICATIONS

- ❖ This scholarship is intended for children of full-time pastors, missionaries or fulltime ministry works who provide the primary income for their family.
- ❖ The parents' ministries must be consistent with the mission and doctrine of Florida Bible College.
- ❖ The student must be a new or transfer student in the 2016-2017 or following academic years.
- ❖ The student must demonstrate financial need.
- ❖ The student must meet classification as a full-time student.
- ❖ The student must have a minimum cumulative GPA of 2.0.

PARENT'S INFORMATION

Position Classification: Pastor Missionary

Position Title: _____ Organization: _____

Yes, I believe I qualify, and I have included a doctrinal statement from my church or missionary organization.

This is a renewal application.

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