STEWARDS MINISTRIES SCHOLARSHIP RENEWAL COMMENDED WORKER DEPENDENT

SCHOLARSHIP INFORMATION

Stewards Ministries has a scholarship plan for students who are dependent (unmarried) children of full-time workers commended from Plymouth Brethren (Christian Brethren) assemblies in the United States and Canada. Scholarships are limited to unmarried undergraduate students who are legally dependent children of full-time commended workers, academically qualified, have a proven Christian testimony and character, and demonstrate evidence of financial need. Scholarships are granted to supplement other sources of income and are given for a period of one year and renewable annually upon request for up to four years of undergraduate work. The deadline for submitting renewal applications is June 1st.

APPLICANT INFORMATION		
Name:		Date of birth: Month/Day/Year Male Female
Current address:		Phone: () -
City:	State:	ZIP Code:
Country:	Email:	@ .
Home address:		Phone: () -
City:	State:	ZIP Code:
Country:	Email:	@ .
School address:		Phone: () -
City:	State:	ZIP Code:
Country:	Email:	@ .
Correspondence should be sent to:	□ Current □ Home	□ School □ Other
Does one of your parents continue to be a commended worker?		□ Yes □ No
Will you still be considered a legal dependent (unmarried) on August 1st?		□ Yes □ No
Did you receive a Stewards Ministries Scholarship during the previous academic		nic year?
Have you successfully completed all current courses?		□ Yes □ No
EDUCATION INFORMATION		
What school are you planning to attend? (please include address)		
		Classes begin? Month / Year
Major course of study:		Year of Study? □ 1 □ 2 □ 3 □ 4
CINANCIAL INFORMATION		
Tuition: Housing:	FINANCIAL INFORMATIO Books and Fees:	Total cost of program:
How do you plan to cover these costs (Grants, loans, parents, saving, etc.)?		
Have you completed FAFSA (Federal Application for Federal Student Aid)? Yes No Total assistance:		
Academic:		
STUDENT SIGNATURE		
It is my intention to complete my education as outlined. I agree to inform Stewards Ministries of the sources and amounts of any other scholarship assistance I may receive, and to inform Stewards Ministries immediately about any changes I may make concerning the educational program I have begun. I understand that my scholarship will be discontinued if I do not maintain a satisfactory academic and behavior record. I agree that this application and all credentials submitted by me or others on my behalf will remain the property of Stewards Ministries. I understand that there is no formal responsibility on my part to repay the Scholarship Fund. However, if I am involved in secular work, after I am self-supporting, I will seek to give an equivalent gift to the Scholarship Fund so that other deserving students may also be assisted financially.		
Signature of student: Date: Month/Da		