

STEWARDS MINISTRIES  
**SCHOLARSHIP APPLICATION**  
 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. New Scholarship Applications 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. A recommendation from the elders of the parents' commending assembly is also required. Scholarships are granted to supplement other sources of income and are given for a period of one year. A scholarship may be renewed annually upon request for up to four years of undergraduate work.

**APPLICANT INFORMATION**

Name:	Date of birth:    Month / Day / Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	Phone: (    )    -	
City:	State/Province:	ZIP/Postal Code:
Country:	Email:	
Place of Birth:	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No    If not, what country?	
Are you recognized as a legal dependent of your parents? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What school are you planning to attend? (please include address)	Classes begin?    Month / Year	
Major course of study:		
Have you applied for admission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Assembly you presently attend:		

**REFERENCES**

Please provide the names and addresses of at least two individuals who are not relatives who would be willing to testify as to your character and Christian life.    Employer, family friend, Sunday school teacher, etc.

Name:	Relationship:	
Address:	Phone: (    )    -	
City:	State/Province:	ZIP/Postal Code:
Country:	Email:	
Name:	Relationship:	
Address:	Phone: (    )    -	
City:	State/Province:	ZIP/Postal Code:
Country:	Email:	

**EDUCATION**

High School:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:    Month / Year
City:	State/Province:	Country:
College/ University:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:    Month / Year
City:	State/Province:	Country:
Other:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:    Month / Year
City:	State/Province:	Country:



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PARENTS COMMENDED ASSEMBLY INFORMATION		
Name of Commending Assembly:	Phone: (    )    -	
Assembly Address:		
City:	State/Province:	ZIP/Postal Code:
Country:	Email:	
Contact person:	Email:	

PARENT SIGNATURE	
I certify that the granting of a Stewards Ministries scholarship for this applicant is needed to accomplish the desired educational program.	
Signature of parent:	Date:    Month / Day / Year

SCHOLARSHIP AGREEMENT	
<p>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.</p> <p><b>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.</b></p>	
Signature of student:	Date:    Month / Day / Year

**THE DEADLINE FOR SUBMITTING APPLICATIONS IS JUNE 1ST**