



## MCARDLE STUDENT SCHOLARSHIP APPLICATION

Dear Applicant,

Thank you for your interest in the McArdle Student Scholarship of Southeast Alabama Baptist Association (SABA).

Scholarships are awarded on an as needed basis. To be considered, the following qualifications and requirements must be met:

### Qualifications

- Applicant must be a member in good standing of a cooperating church of the Southeast Alabama Baptist Association (SABA).
- Applicant must be preparing for a full-time or bi-vocational church-related vocation.
- Applicant must be attending a Southern Baptist college or seminary. Exceptions for non-SBC colleges or seminaries may be considered on a very limited basis, subject to approval by the SABA Administrative Team in accordance with established guidelines.
- Applicant must have, and maintain, at least a 2.5 GPA.

### Requirements

#### **First Time Applicant** *(please enclose:)*

1. Completed Application for Scholarship
2. Recommendation for Scholarship Applicant form from current pastor or other church leader of the SABA church where membership resides.

#### **Previous Applicant**

1. Completed Previous Scholarship Applicant Update
2. Completed Recommendation for Scholarship Applicant from from current pastor or other church leader of the SABA church where membership resides, *only if changed from original application.*
3. A copy of your grades for the last semester of completed work

### Distribution of Scholarship Funds

Once a determination is made, the applicant will be notified of the amount granted. Scholarship funds will be sent directly to the institution along with student ID information.

***Completed application and necessary documents  
must be returned to the SABA office for consideration.***

#### **Southeast Alabama Baptist Association**

1308 Ross Clark Circle

Dothan, AL 36301

(334) 794-6281

[www.sabachurches.com](http://www.sabachurches.com)

[judy@sabachurches.com](mailto:judy@sabachurches.com)





## SCHOLARSHIP APPLICATION

### PERSONAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last 4 of Social Security # \_\_\_\_\_ OR Student ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Present Church Membership \_\_\_\_\_ How Long? \_\_\_\_\_

Church Membership: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Family Information (spouse, children/ages) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you employed? \_\_\_\_\_ If so, where? \_\_\_\_\_ How Long? \_\_\_\_\_

Is your spouse employed? \_\_\_\_\_ If so, where? \_\_\_\_\_ How Long? \_\_\_\_\_

College/Seminary presently attending \_\_\_\_\_

Major Course of Study \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

Are you presently serving on a church staff? \_\_\_\_\_ Where? \_\_\_\_\_

Have you previously received scholarship assistance from SABA? \_\_\_\_\_

Have you served in a church related position in the past? \_\_\_\_\_

If yes, where? \_\_\_\_\_ How Long? \_\_\_\_\_





## RECOMMENDATION FOR SCHOLARSHIP APPLICANT

Dear Pastor,

A member of your church has applied for a McArdle Student scholarship with Southeast Alabama Baptist Association (SABA). Scholarships are awarded on an as needed basis. To be considered, the following qualifications and requirements must be met:

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## RECOMMENDATION FOR SCHOLARSHIP APPLICANT

Applicant's Name \_\_\_\_\_

How long has the applicant been a member of your church? \_\_\_\_\_

Membership status (please select one): Very active \_\_\_\_\_ Somewhat active \_\_\_\_\_ Inactive \_\_\_\_\_

Is the applicant currently serving on your staff? \_\_\_\_\_ If so, how long? \_\_\_\_\_

If so, in what capacity? \_\_\_\_\_

Have you had the opportunity of discussing the applicant's call into the ministry? Yes \_\_\_\_\_ No \_\_\_\_\_

What evidence do you see in the applicant's call into full-time ministry?

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What evidence of commitment do you see that the applicant will complete his/her chosen course of study?

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Share examples that you see the applicant is supportive of you and your church's ministry.

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Please share any additional comments that you feel would be helpful.

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Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Thank you for your response!***

**Please return to**  
Mission Strategist  
Southeast Alabama Baptist Association  
1308 Ross Clark Circle, Dothan, AL 36301



## PREVIOUS SCHOLARSHIP APPLICANT UPDATE

### PERSONAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last 4 of Social Security # \_\_\_\_\_ OR Student ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Does your church membership reside at the same church of your previous application? \_\_\_\_\_  
(If not, please update the following.)

Present Church Membership \_\_\_\_\_ How Long? \_\_\_\_\_

Church Membership: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

College/Seminary presently attending \_\_\_\_\_

Major Course of Study \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

Are you presently serving on a church staff? \_\_\_\_\_ Where? \_\_\_\_\_

GPA from last semester attended \_\_\_\_\_

*I hereby certify that the statements and answers included in this application are true and correct.*

*I further certify that if SABA sees fit to approve a scholarship to me, I will diligently and conscientiously apply myself to the best of my ability in the pursuit of my education and understand I am required to maintain my GPA. I will maintain the status of student in good standing in the approved school and that if I withdraw for any reason, from the approved school during any period in which I am receiving assistance from the scholarship, I will notify SABA.*

*I understand that any scholarship granted to me is based upon representations expressed herein and that any misrepresentation will cause the grant to be forfeited. Forfeiture may include repayment of the scholarship funds received.*

Signature \_\_\_\_\_ Date \_\_\_\_\_