



McArdle Student Scholarship 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

1. Applicant must be a member in good standing of a cooperating church of SABA.
2. Applicant must be preparing for full-time church-related vocation.
3. Applicant must be attending a Southern Baptist college or seminary.
4. Applicant must have, and maintain, at least a 2.5 GPA.

Requirements

First Time Applicant – *please enclose the following:*

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 – *please enclose the following:*

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 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.

The applicant should return his/her completed application and other requested documents for consideration to:

Southeast Alabama Baptist Association

1308 Ross Clark Circle

Dothan, AL 36301

(334) 794-6281

www.sabachurches.com

judy@sabachurches.com



McArdle Student Scholarship Application

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? _____



McArdle Student Scholarship Recommendation for Scholarship Applicant

Dear Pastor or Church Leader,

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 by the applicant:

Qualifications

1. Applicant must be a member in good standing of a cooperating church of SABA.
2. Applicant must be preparing for full-time church-related vocation.
3. Applicant must be attending a Southern Baptist college or seminary.
4. Applicant must have, and maintain, at least a 2.5 GPA.

Requirements

First Time Applicant – *please enclose the following:*

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 – *please enclose the following:*

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 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.

The applicant should return his/her completed application and other requested documents for consideration to:

Southeast Alabama Baptist Association
1308 Ross Clark Circle
Dothan, AL 36301
(334) 794-6281
www.sabachurches.com
judy@sabachurches.com

Recommendation for Scholarship Applicant should be returned to:

Mission Strategist
Southeast Alabama Baptist Association
1308 Ross Clark Circle
Dothan, AL 36301



McArdle Student Scholarship 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?

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

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

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

Church Leader Name _____ Position _____

Church Leader 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

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.

Applicant Signature _____ **Date** _____