

*Harding University College of Bible and Religion*  
*Master of Ministry – Graduate Scholarship Application*

**This Form Must be Completed Each School Year and Submitted by August 15**

Please complete information (type or print) in the category which corresponds to your situation, note all instructions carefully, and sign below.

Category I: Full Time Ministry

I, \_\_\_\_\_, serve as a full-time minister.

Number of hours for which you plan to enroll: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Please provide the following and attach to this form:

1. Complete contact information for the church where you serve.
2. A letter from a church representative (preferably on church letterhead) verifying your employment.

Category II: Full-time Student in Part-time Ministry

I, \_\_\_\_\_, have entered into an agreement with a local congregation to serve a minimum of ten hours per week, 15 weeks each semester.

Check semester you plan to work with the church: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Projected number of graduate hours per semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Please provide the following and attach to this form:

1. Complete contact information for the church where you will serve, including the name of the individual who will be supervising your ministry.
2. A letter from a church representative (preferably on church letterhead) verifying the arrangement you have made with the church.

Maintain a work log.

You will be required to maintain a weekly work log in which you note the days, hours, and nature of the ministry tasks you pursue. This log must be signed by a mentor, supervisor or other church representative and submitted to the director of the Master of Ministry program at the end of the semester for which you receive the scholarship.

Category III: Student enrolled through special arrangements.

I, \_\_\_\_\_, am enrolled in the Master of Ministry program through special arrangements with \_\_\_\_\_.

Signature of supervisor in charge of verifying your active student status:

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Mailing Address

School Mailing Address (if applicable)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

School Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

***Return this form with accompanying documents to:***

College of Bible and Religion  
M.Min. Program  
Harding University  
Box 12280  
Searcy, AR 72149