

Office Use Only

Name of Applicant: _____ Date Application Received _____

Virginia Disciples Women Scholarship in Virginia

The Virginia Disciples Women Scholarship Fund was established to assist women preparing for the Christian Ministry, as well as to assist female ministers already ordained or commissioned with further education.

The amount available each year is determined by the amount in the fund. The amount of the scholarship award is based on financial needs and the number of applications (up to \$1,500).

GUIDELINES

1. The applicant must live in Virginia and be a member of a local Virginia congregation.
2. The applicant must be a member of the Christian Church (Disciples of Christ) for at least one year prior to making application.
3. Funds are only provided to applicants who are currently attending an Association of Theological Schools.
4. Applicants pursuing a Master of Divinity Degree must be under the care of the Commission on Ministry in Virginia. Ordained or commissioned applicants requesting financial assistance for further education must be currently serving a congregation within the Virginia Region.
5. Due to limited funds, applicants must show financial need.
6. A completed application form must be received by August 15th of each year. Applications are to be mailed to the Virginia Disciples Women's Scholarship Fund, c/o Christian Church in Virginia, 1290 Enterprise Drive, Lynchburg, VA 24502,
7. The Virginia Disciple Women Cabinet will review applications at the September cabinet meeting. Applicants will be notified of a decision within a week after review. Scholarship Funds are mailed to the institution.
8. Scholarships are now available for continuing education for active female clergy in the Virginia Region pursuing advanced theological education. At the time of submission, applicants must be currently enrolled in the class or classes for which the scholarship is requested. All clergy must have standing with the Region of Virginia.

Virginia Disciples Women Scholarship Application

PERSONAL INFORMATION

Name: _____ Telephone: _____

Permanent Address: _____

School or Temporary Address (if applicable):

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Email:

Purpose of application: M.Div. _____ D.Min _____ Other (Please Specify): _____

PLEASE STATE BRIEFLY YOUR PLANS AND GOALS

SEMINARY INFORMATION

Current Institution: _____

Address of Seminary:

Entrance Date: _____ Anticipated graduation _____

Previous institutions attended and dates you attended.

CHURCH ACTIVITY

I am under the care of the Commission on Ministry. Yes No

Local: Please identify home congregation: _____

District: _____

FINANCIAL NEED

Cost of education for one year

Tuition: _____

Books: _____

Housing: _____

Other expenses:

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Financial Resources Available:

Yearly Income: _____

Savings: _____

Other Scholarships received or applied:

What else would you like to share?

A picture for publicity will be required if a scholarship is awarded.

Signature of Application: _____