



College of Biblical Studies Scholarship Application

Purpose: The purpose of the CBS Women's Partnership Scholarship is to provide financial assistance to a female student enrolled in course(s) that support the equipping of the student's role in ministry and enhance her ability to lead, teach, counsel and shepherd within her church and/or para-church ministry.

Awarding: The Student Financial Services Office will contact scholarship applicants chosen to receive an award. Funds for this award are received through private donation and are awarded based on the availability of funds on an academic year basis.

New students:

\$25 - \$500 – Book costs

Cost of one – 3 credit hours Bible Study Methods (BSM) course

Returning students:

\$25 - \$500 – Book costs

Cost of one course – 3 credit hours or less

Cost of two courses – 6 to 8 credit hours or less

Cost of three courses – 9 to 11 credit hours or less

Cost of four courses – 12 or more credit hours or less

* More or less aid may be granted at the discretion of the CBS Scholarship committee.

Eligibility Criteria

In order to be considered for a scholarship an applicant must meet the following requirements:

1. Must be a member of a Bible believing church and agree with the CBS Doctrinal Statement.
2. Be a currently enrolled student at CBS and is matriculated in a degree or certificate program.
3. Submissions of a Free Application for Federal Student Aid (FAFSA) to determine level of financial need, and eligibility for other scholarships and grants.
4. Complete the College's financial aid application process at Myfa.cbshouston.edu prior to all published deadlines.
5. Submit 3 character references who are familiar with the student and their ministry calling and involvement.
6. Complete the CBS Women's Partnership Scholarship application. Application must be submitted in accordance with CBS Financial Aid established deadlines.
7. Have an established 2.5 term grade point average or higher, and is making satisfactory academic progress in a degree or certificate program.
8. No unresolved financial, academic or student conduct issues with the College.

9. Award recipient must submit a letter of appreciation prior to CBS funding the scholarship award.

The letter should include the following:

a. Background and information regarding the applicant's ministry calling, church and/or para-church ministry Service.

b. Explain how (or will) their CBS education will contribute to their efforts to

i. Equip the Body of Christ and its members

ii. Evangelize and spread the gospel

iii. Improve ministry skills (leadership, teaching, counseling and shepherding within their church and/or para-church ministry.)

iv. Grow the church and/or para-church ministry to make an impact within their community

10. Award recipient are encouraged to attend CBS Women's Partnership events.

11. Award recipient are encouraged to write a thank you letter to the CBS Women's Partnership members.

Submission Requirements:

Faxed copies of the application will not be accepted. Return the completed application and other required information to:

The College of Biblical Studies - Houston
Student Financial Services Office, Suite 102
7000 Regency Square Blvd
Houston, TX 77036
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APPLICANT INFORMATION

Last Name: _____ First Name: _____

Citizen of the United States: Yes

Mailing address _____

Email address: _____

Phone Number (_____) _____ Cell Phone Number (_____) _____

Church Information:

Church name _____

Church mailing address _____

Church Email address: _____

Phone Number (_____) _____ Fax Number (_____) _____

Number of members attending worship _____

Denomination (*National, State or Association Affiliation*): _____

If an independent church, please explain: _____

Senior Pastor's Name _____

Are you a mission of another church? ___ Yes ___ No

If so, please give their church information:

Church name _____

Church mailing address _____

Church Email address: _____

Phone Number (_____) _____ Fax Number (_____) _____

Senior Pastor's Name _____

Para-Church Ministry Information:

IRS 501 (c)(3) Tax Exempt Number #: _____ (attach copy of letter of determination)

Para-Church Ministry name _____

Para-Church Ministry Mission _____

Para-Church Ministry mailing address _____

Para-Church Email address: _____

Phone Number (_____) _____ Fax Number (_____) _____

Senior Leader's Name _____

I understand that I must be enrolled in an eligible course(s) for any academic year/term(s) in which the scholarship is awarded. If I withdraw from a course(s) I will forfeit the scholarship and must pay for any charges that I have incurred during the term of enrollment. .

I also grant my permission to release my name, church's name and/or para-church and information, course(s) and references as a condition of receiving a scholarship award to the foundation which supports this scholarship.

I hereby certify that all of the information provided in this application is true to the best of my knowledge.

Applicant name: (please print name) _____

Signature of Applicant: _____ Date: _____

References

List 3 denominational leaders, or other reference names other than members of your church or suppliers/vendors to your church.

Name: _____

Relation to Church: _____

Mailing Address: _____

City/State/Zip Code: _____

Email Address: _____

Phone Number(s): _____

Name: _____

Relation to Church: _____

Mailing Address: _____

City/State/Zip Code: _____

Email Address: _____

Phone Number(s): _____

Name: _____

Relation to Church: _____

Mailing Address: _____

City/State/Zip Code: _____

Email Address: _____

Phone Number(s): _____