GRADUATE **THEOLOGY**

SCHOLARSHIP APPLICATION

Academic Year _____ - _____

APPLICANT: Complete this form (type or print) and mail it to:
Freed-Hardeman University; Graduate School of Theology; 158 E. Main St.; Henderson, TN 38340-2399

CONTACT INFORMATION

Name _____
LAST FIRST MIDDLE MAIDEN

Social Security Number _____ Date of Birth _____

Current Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____
AREA CODE NUMBER AREA CODE NUMBER

Current Employer _____ Position _____ Years Employed _____

PERSONAL INFORMATION

Citizenship _____

Physically Handicapped O Yes O No Type _____

Veteran O Yes O No Branch of Service _____

Member of the Reserve O Yes O No

Marital Status _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Dependents _____

_____

_____

_____

Work Experience (for past ten years)

DATES	EMPLOYER	ADDRESS	TITLE

Organizational Memberships (Include civic organizations and church activities. List professional certificates.)

_____

_____

_____

_____ [OVER]

Publications/Presentations (List any publications, papers presented, lectures, workshops conducted, meetings and other special speaking engagements for the past five years.)

_____

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_____

EDUCATIONAL PLANS

Indicate the number of hours for which you anticipate enrolling during the following semesters:

Fall _____ Spring _____ Summer _____

Course of study O M.N.T. O M.Min. O M.Div.

FINANCIAL AID NEED

To what extent will financial aid affect your plans to enroll for graduate study at Freed-Hardeman University.

(Circle the appropriate number.)

I cannot attend without aid. **7** **6** **5** **4** **3** **2** **1** I will attend with or without aid.

When will you need aid? _____ (Month/Year)

NEW TRANSFER STUDENTS

Please list every college, university, or trade school that you attended prior to your enrollment at Freed-Hardeman University. A financial aid transcript is required from each of these schools regardless of whether you did or did not receive financial aid.

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I certify that the information on this application is accurate to the best of my knowledge. I further certify that I understand giving false information or withholding information may make me ineligible for admission or continued enrollment at Freed-Hardeman University. I hereby apply for scholarships in the School of Theology.

Signature _____

Date_____

Freed-Hardeman University does not discriminate on the basis of age, gender, religion, physical handicap, race, color, national or ethnical origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administrated programs.