



# North American Division of Seventh-day Adventists

12501 Old Columbia Pike, Silver Spring, MD 20904-6600 • Tel. Nos.: (301) 680-6414 / (301) 680-6415 • Fax: (301) 680-6464

## MINISTERIAL SCHOLARSHIP/INTERNSHIP APPLICATION

Please **COMPLETE** this form (double-sided), secure the recommendation required from the college/university, and send this form to the local Conference President's Office.

General Information									
Full Name					Spouse Name				
Address									
Telephone Number					Cell Number				
Email Address					Date of Birth				
Citizenship					Nationality				
Marital Status		<input type="checkbox"/> Married	Date of Marriage			<input type="checkbox"/> Single	<input type="checkbox"/> Engaged	Date for Marriage	
Children's Names & Dates of Birth									
Educational Experience									
Academy/High School – Name and Date Graduated									
College/University – Name(s)		Years Attended		Date Graduated		Program/Degree(s)			
Work Experience									
Positions Held		Place				Dates			
Denominational License/Credential		<input type="checkbox"/> Ministerial	<input type="checkbox"/> Credentialed	<input type="checkbox"/> Commissioned	<input type="checkbox"/> Missionary	<input type="checkbox"/> None			
Relevant Church/Volunteer Services (i.e. local church office, volunteer)									
Religious Experience									
Life-long Seventh-day Adventist		<input type="checkbox"/> Yes	<input type="checkbox"/> No		Year Baptized				
Prior Religious Affiliation									
Financial Information									
Personal Funds Available for Your Seminary Education					\$				
Debts – Creditors – Loans		Amounts				Schedule for Payment			
		\$							
		\$							
Work Intention While Attending Seminary		Self	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Projected Income		\$		
		Spouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Projected Income		\$		
Personal Commitment									
Have you personally felt the call of God to devote your life to the gospel ministry?						<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does your spouse or fiancé(e) share your commitment?						<input type="checkbox"/> Yes	<input type="checkbox"/> No		

## Applicant's Signature and Photograph

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

*Please note that signature includes authorization for the release of your college/university grades and/or transcripts.*

Kindly accompany application with a clear, small picture of yourself.

## College/University Faculty Recommendation

The faculty of \_\_\_\_\_ COLLEGE/UNIVERSITY recommend \_\_\_\_\_ to receive a Ministerial Scholarship to attend the Seventh-day Adventist Seminary.

\_\_\_\_\_  
Signature of College/University President/Designee

\_\_\_\_\_  
Date (month/day/year)

☞ Please complete and forward original application to the local conference president or designee.

## Sponsoring Conference Approval

In harmony with the action of the \_\_\_\_\_ CONFERENCE Committee and in harmony with the Ministerial Scholarship Plan as outlined in the North American Division Policy L 25, I make application in behalf of \_\_\_\_\_ to begin a Ministerial Scholarship on \_\_\_\_\_

\_\_\_\_\_  
(Name of Applicant)

\_\_\_\_\_  
Date (month/day/year)

Date of Conference Committee Approval: \_\_\_\_\_ (month/day/year)

\_\_\_\_\_  
Signature of Conference Secretary/Designee

\_\_\_\_\_  
Date (month/day/year)

☞ Please complete and forward original application to the union president or designee.

## Union Conference Approval

Approved by action of the \_\_\_\_\_ UNION Conference Committee, on \_\_\_\_\_  
(month/day/year)

Beginning date approved by Union: \_\_\_\_\_ (month/day/year)

\_\_\_\_\_  
Signature of Union President/Designee

\_\_\_\_\_  
Date (month/day/year)

☞ Please complete and forward original application to the MDiv. Director, Seventh-day Adventist Theological Seminary, Andrews University, Berrien Springs, MI 49104.

## Theological Seminary Acceptance

We certify that the Applicant \_\_\_\_\_ has been accepted as a student in the Seventh-day Adventist Theological Seminary of Andrews University for the purpose of completing the requirements of the Master of Divinity Degree, to begin on \_\_\_\_\_ (month/day/year).

Degree: \_\_\_\_\_

Program: ☐ L 15/Traditional (36 months)  
☐ L 05 31/Un-sponsored with MDiv. (12 months)

☐ L 15/In-Ministry (42 months)  
☐ L 30/From Other Denominations

\_\_\_\_\_  
Signature of MDiv. Director

\_\_\_\_\_  
Date (month/day/year)

☞ Please complete and forward original application to the Associate Treasurer of the North American Division of Seventh-day Adventists, 12501 Old Columbia Pike, Silver Spring, MD 20904.

## NADCOA Approval

Approved by the North American Division Committee on \_\_\_\_\_  
Date (mo/day/year) Signature of NAD Associate Treasurer