



Full-time Minister Dependent Scholarship Application

The Minister Dependent Scholarship is for students who are dependents of Southern Baptist ministers serving a Southern Baptist Church, or dependents of ordained ministers, serving a non-academic agency of the Southern Baptist Convention or the Cooperative Baptist Fellowship. **It is the responsibility of the student's family to obtain this form, complete it, and return it to the Office of Financial Aid before the beginning of each academic year of the student's enrollment.** Failure to do so may result in loss of the Minister Dependent Scholarship. Scholarship recipients will be informed of the amount of their scholarship in an official financial aid award notification letter.

Student's Name: _____
Last First Samford ID#

STUDENT'S CERTIFICATION

I certify that all information on this form is true and accurate. I understand that in order to retain the scholarship, I must maintain at least a 2.00 grade point average on coursework attempted at Samford. I understand that I must be enrolled as a full time student. I understand it is my responsibility to obtain this form from the Office of Financial Aid and reapply each year. I understand that this scholarship is a courtesy provided by Samford University and is to be considered along with all other forms of financial aid to students.

(Student's Signature) (Date)

CERTIFICATION OF FULL-TIME MINISTERIAL SERVICE

Please complete question 1 or 2 below:

1. ___I certify that I am an ordained minister serving _____, a Southern Baptist Convention or Cooperative Baptist Fellowship Church.
(name and location of church)

2. ___I certify that I am an ordained minister serving as _____
(title)
_____, an agency of the Southern Baptist Convention or a SBC Convention agency or
(name of agency)
commission, or a National or State agency of the Cooperative Baptist Fellowship located in _____.

I certify that the above student was claimed as a dependent on my 2015 Federal Income Tax Form and that the certification made above is true and accurate.

(Minister's Name - print) (Date) (Minister's Signature)

Office of Financial Aid Use Only:

Approved _____ Denied _____ Reviewed by _____ Date _____

Samford University Office of Financial Aid - 800 Lakeshore Drive - Birmingham, AL 35229

Phone Number: (205) 726-2905 - Fax Number: (205)726-2738 - Email: ofa@samford.edu



Part-time Minister Dependent Scholarship Application

The Minister Dependent Scholarship is for students who are dependents of Southern Baptist ministers serving a Southern Baptist Church, or dependents of ordained ministers, serving a non-academic agency of the Southern Baptist Convention or the Cooperative Baptist Fellowship. **It is the responsibility of the student's family to obtain this form, complete it, and return it to the Office of Financial Aid before the beginning of each academic year of the student's enrollment.** Failure to do so may result in loss of the Minister Dependent Scholarship. Scholarship recipients will be informed of the amount of their scholarship in an official financial aid award notification letter.

Student's Name: _____
Last First Samford ID#

STUDENT'S CERTIFICATION

I certify that all information on this form is true and accurate. I understand that in order to retain the scholarship, I must maintain at least a 2.00 grade point average on coursework attempted at Samford. I understand that I must be enrolled as a full time student. I understand it is my responsibility to obtain this form from the Office of Financial Aid and reapply each year. I understand that this scholarship is a courtesy provided by Samford University and is to be considered along with all other forms of financial aid to students.

(Student's Signature) (Date)

CERTIFICATION OF PART-TIME MINISTERIAL SERVICE

Please complete question 1 or 2 below:

1. ___ I certify that I am an ordained minister serving _____, a Southern Baptist Convention or Cooperative Baptist Fellowship Church.
(name and location of church)

2. ___ I certify that I am an ordained minister serving as _____
(title)
_____, an agency of the Southern Baptist Convention, a SBC State agency or commission, or
(name of agency)
a National or State agency of the Cooperative Baptist Fellowship located in _____.

I certify that my employment income from the church or agency for 2015 was \$_____.

I certify that my employment income from all sources (including the amount shown above) for 2015 was \$_____.

I certify that the above student was claimed as a dependent on my 2015 Federal Income Tax Form and that the certification made above is true and accurate.

(Minister's Name-print) (Date) (Minister's Signature)

Office of Financial Aid Use Only:

Approved _____ Denied _____ Reviewed by _____ Date _____

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