



Samford University

2018 - 2019

Full-time Minister Dependent Scholarship Application

Minister Dependent Scholarships are reserved for students who indicate on their admission application that they are the dependent of an ordained minister serving a CBF or SBC affiliated church or mission organization in an official, paid, non-volunteer capacity. In order to be considered for the Minister Dependent scholarship as an entering student, students must complete their admission application by **February 15**.

It is the responsibility of the student's family to obtain this form, complete it, and return it to Samford Student Financial Services 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 Samford Student Financial Services 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

Name of Parent serving in a paid, non-volunteer ministry position: _____

Name and contact information of Church/Missions Organization in which above parent serves:

I certify that the above student was claimed as a dependent on my 2017 Federal Income Tax Form and that the certification made above is true and accurate.

(Parent's Signature) (Date)

Office of Financial Aid Use Only:

Approved _____ Denied _____ Reviewed by _____ Date _____

Samford University
Student Financial Services
800 Lakeshore Drive, Birmingham, AL 35229
Phone: (205) 726.2905 Fax: (205) 726.2738 Email: sfs@samford.edu



Samford University

2018 - 2019

Part-time Minister Dependent Scholarship Application

Minister Dependent Scholarships are reserved for students who indicate on their admission application that they are the dependent of an ordained minister serving a CBF or SBC affiliated church or mission organization in an official, paid, non-volunteer capacity. In order to be considered for the Minister Dependent scholarship as an entering student, students must complete their admission application by **February 15**.

It is the responsibility of the student's family to obtain this form, complete it, and return it to Samford Student Financial Services 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 Samford Student Financial Services 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

Name of Parent serving in a paid, non-volunteer ministry position: _____

Name and contact information of Church/Missions Organization in which above parent serves:

I certify that my employment income from the church or missions organization for 2017 was \$_____.

I certify that my employment income from all sources (including the amount shown above) for 2017 was \$_____.

I certify that the above student was claimed as a dependent on my 2017 Federal Income Tax Form and that the certification made above is true and accurate.

(Parent's Signature) (Date)

Office of Financial Aid Use Only:

Approved _____ Denied _____ Reviewed by _____ Date _____

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