

# URBANA THEOLOGICAL SEMINARY

## SCHOLARSHIP APPLICATION

Date: \_\_\_\_\_  
Month Day Year

\*Year: 20\_\_\_\_\_

Full Name: \_\_\_\_\_  
First Middle Last Maiden

Address: \_\_\_\_\_  
Street City State Zip

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

College GPA: \_\_\_\_\_ Graduate school GPA (if applicable): \_\_\_\_\_

Scholarship applying for: \_\_\_\_\_

If you are a graduate student, are you enrolled in a degree program through Urbana Seminary?  
If yes which program?  Graduate Certificate  M.A.R.  M.Div.

Classes you anticipate taking this year through Urbana Seminary: \_\_\_\_\_  
\_\_\_\_\_

List all other schools in which you are currently enrolled and what degree you are seeking:  
\_\_\_\_\_  
\_\_\_\_\_

On a separate sheet briefly explain why you believe you should receive this scholarship. Include a short description of your background, future goals and current financial need.

**Please send application to:**  
Urbana Theological Seminary  
314 East Daniel Street  
Champaign, IL 61820  
Phone: 217.365.9005  
www.urbanaseminary.org

\* To be considered for a scholarship the application must be submitted by June 1st

