

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

