

URBANA THEOLOGICAL SEMINARY

WORK STUDY APPLICATION

Date: _____
Month Day Year

*Year: 20 _____

Full Name: _____
First Middle Last Maiden

Address: _____
Street City State Zip

Phone: _____ E-mail: _____

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

Classes taking this semester:

Briefly explain why you believe you should receive work study. Include a short description of your qualifications and abilities that will contribute to this position. Attach a separate sheet if necessary.

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 the work study program applications must be submitted by August 1st.

