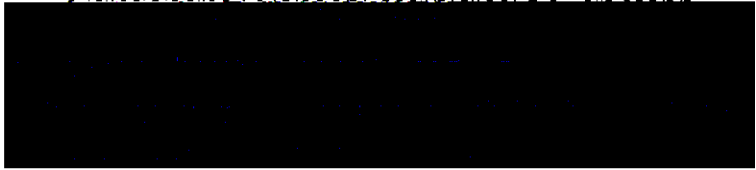


**BAPTIST GENERAL CONVENTION OF TEXAS (BGCT)
RENEWAL GRADUATE SCHOLARSHIP APPLICATION**

All Applications Due 14 days before the semester begins

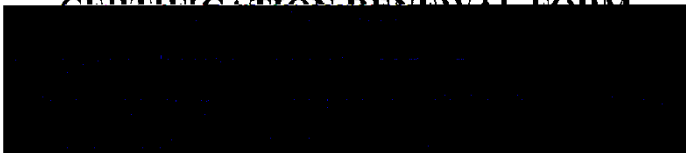
Name: _____
Last First



Pastor or Church Leader and Student,

Each applicant to the Ministerial Financial Assistance program of the Baptist General Convention of Texas (BGCT), must **annually** reaffirm their call to church-related vocational ministry **and** furnish evidence, by way of written testimony of the pastor (or church leader)





To be completed by PASTOR OR CHURCH LEADER

CHURCH CERTIFICATION SECTION

(Check and complete the appropriate sections below)

Statement of Certification:

If the church has not ordained or licensed this student, the following statement must be affirmed by the congregation.

*We hereby certify that _____
(name of student)*

*is involved with, supportive of, and committed to the ministries of this BGCT church
has shown evidence of a divine call to church-related vocational ministry
has shown sincere commitment to a career in church-related ministry
has demonstrated a Christian life-style
is the kind of person our church would be comfortable recommending as a minister to serve in a church-related vocational position*

This congregation affirmed this student's involvement in our church as noted on page 2 of the form. This congregational certification has been acted upon by:

(check all that apply)

- Ordination of student on _____
(date)
- Licensing of student on _____
(date)
- Adoption of statement of certification above by congregation on _____
(date)
- Adoption of statement of certification above by others (specify below) representing the congregation on _____
(date)

Representing the congregation:

- Church Committee
- Deacons
- Elders or other governing board
- Council of church staff members
- Other (please describe): _____



I affirm this student's certification renewal application for Ministerial Financial Assistance.

Pastor's or Church Leader's Name (Printed) _____

Position at Church _____

Telephone Number _____

Signature _____

Date _____

CHURCH INFORMATION SECTION

Church Name and Address

Name of Church: _____

Mailing Address: _____

City, State, Zip: _____

Denominational Affiliations

Baptist association _____ City, State _____

Baptist state convention _____

Baptist affiliations, national _____

Signed: _____
(Pastor or church approved leader if student is pastor)

Signed: _____
(Church Clerk)

Testimony of Personal Call to Ministry

On separate paper please offer a summary description of your call to vocational ministry as you understand it at this point in time. Include why you desire to participate in the BGCT Scholarship program.

Pastor/Minister Letter of Recommendation

Please include with your application a letter of reference from a pastor or other minister who will affirm your call to ministry. This letter should be on church letterhead and may be submitted with the completed application.

Attestation

Please note that your signature below constitutes your agreement to complete the following in order to continue receiving the BGCT Scholarship:

All students must complete the following