

APPLICATION FORM Barnabas Scholarship

The Barnabas Scholarship is awarded to new, full-time incoming CSBS&C students to help with the transitional costs of beginning a seminary or college education at the CSBS&C. The Barnabas Scholarship provides one half of the student's first semester's tuition. The student must enroll as a full-time student in an undergraduate or graduate program of CSBS&C.

Each student applying for this scholarship must be nominated by his/her CNBC or SBC church and must demonstrate Christian leadership, godly character, and financial need.

Application Deadline: see CSBS&C website

Upon approval of this application the student will receive a 50% scholarship for tuition (excluding fees) for the first semester **only**.

Please be aware that by applying for this scholarship you will not be eligible to submit an application for any other scholarships or tuition benefits available at CSBS&C during your first semester.

Name: _____ Telephone No. _____
(Surname) (First) (Middle initial)

Address: _____
(Street or Postal box) (City) (Province/State) (Postal code/ZIP)

Email Address: _____

Age: _____ Marital Status: ☐ Single ☐ Married

Number of Children: _____ Ages of Children _____ Nationality _____

Citizenship: ☐ Canadian ☐ Permanent Resident ☐ Student Visa ☐ Other _____

Social Insurance Number (SIN): _____

CSBS&C Program of Study: _____

Number of Credit Hours enrolled in this semester: _____

Current Church Membership/Attendance: _____

Church Denomination: _____

State whether you were involved in Ministry within the past year (Yes/No): _____. If yes, please state the following:

1. Location: _____

2. Type of Ministry:

3. Number of hours of service: _____ per Sunday _____ per Month

APPLICANT FINANCIAL INFORMATION

Please provide information regarding your current total household income and expenses:

Monthly Expense:

- a. Rent _____
- b. Food/Clothing _____
- c. Car Gas _____
- d. Utilities _____
- e. Phone/Internet _____
- f. Charity _____
- g. Medical/Dental _____
- h. Other _____

Monthly Total: _____

Education Expense: (Annual)

- a. Tuition _____
- b. Textbooks _____

Total Education: _____

Additional Expense: (Annual)

- a. Car Payment _____
- b. Car Insurance _____
- c. Car Registration _____
- d. Life Insurance _____
- e. Other _____

Total Additional: _____

Monthly Income:

- a. Grants _____
- b. Scholarships _____
- c. Church Support _____
- d. Gifts _____
- e. Employment _____
- f. Spousal Income _____
- g. Other Income _____

Monthly Total: _____

Student Signature

Date

Pastoral Reference:

1. How has the applicant demonstrated leadership in your church? How would you describe the effectiveness of the applicant's leadership abilities?
2. In your opinion, does the applicant demonstrate Christ-like character? How or how not? Please give examples.

Pastor: _____
Name Signature Date

This application must be signed by your pastor/church leader.

Scholarship Committee Action

Approved for Scholarship Amount: \$ _____ /credit hour Not Approved _____

Comments _____

Date: _____
Signature Signature Signature