New Orleans Baptist Theological Seminary

WOMEN’S AUXILIARY SCHOLARSHIP

Qualifications:
1. Must be the wife of a currently enrolled full-time seminary student (12 hours Undergrad/9 hours Masters or more each semester) who has been enrolled for a minimum of one semester prior to your application.
2. Must show evidence of financial need. All sources of income and financial aid must be indicated on this application.
3. Must provide three (3) letters of reference.

To Apply:
1. Complete the attached application.
2. Request three (3) letters of reference from pastors, employers or friends.
3. Submit the application and the letters of reference to:

   Women’s Auxiliary Scholarship  
   C/o Financial Aid Office  
   New Orleans Baptist Theological Seminary  
   3939 Gentilly Blvd  
   New Orleans, La  70126

4. Deadline for Fall: April 30th  
   Deadline for Spring: September 30th

Additional Information:

- To renew a scholarship, request in writing for second semester of the same year, or submit a new application along with the required letters of reference for subsequent years.
- The scholarship grant may be used for basic matriculation fees for all classes (including internet, workshops and independent studies), textbooks, supplies, and child care in the Preschool Education Center.
New Orleans Baptist Theological Seminary
APPLICATION FOR WOMEN’S AUXILIARY SCHOLARSHIP

Personal Data

Applicant’s Name

_________________________________________________________

__________________________

(Last) (First) (Middle)

Age: _____ Birthdate: __________ NOBTS ID#: ______________________ (MM/DD/YY)

Home Phone No: ___________________ Cell Phone No: ________________

E-mail address: ____________________________

Permanent Mailing Address:

_________________________________________________________

(Street) (City) (State/Zip)

Husband (Full Name): ____________________________

Children (Names and Ages): ____________________________

_________________________________________________________

Health: Excellent ______ Good_______ Fair _______ Poor__________

Explain any specific health problems and/or handicaps: ____________________________

_________________________________________________________

Scholastic/Education Data

College Attended: ____________________________ Date Graduated: __________

List college activities, organizations and/or honors received: ____________________________

_________________________________________________________

NOBTS Intended Class Load:

Full time _______ Part Time _______

(9 or more credit hours for Masters, less than 9 hours for Masters, 12 or more credit hours for Undergrad, less 12 hours for Undergrad)
NOBTS Program in which you are enrolled: ________________________________________________

List all sources and amounts of financial aid that you will receive or have requested during the period covered by this application.

Requested: ________________________________________________

__________________________________________

__________________________________________

Received: ________________________________________________

__________________________________________

__________________________________________

Additional Family Income: _________  Total Gross Monthly Income: ________

List and explain any unusual expenses or circumstances that might influence your need for financial assistance: ________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Religious Experience**

Home Church: ____________________________  Pastor: ____________________________

Church Address: _____________________________________________________________

(Street)  (City)  (State/zip)

Christian-how long: ___________  Southern Baptist-how long: _________________

Present Church Membership: ________________________________________________

Association: ____________________________  Pastor: ____________________________

Present Participation in Organizations: (check those you are involved in)

_________ Sunday School  _________ Women’s Ministry

_________ Missions  _________ Other
List church leadership responsibilities or positions:

__________________________________________________________

__________________________________________________________

__________________________________________________________

List other church activities and organizations:

__________________________________________________________

__________________________________________________________

__________________________________________________________

References

Give name and complete address for each reference listed. Three (3) required. (It is YOUR responsibility to request letters of recommendation on your behalf.)

School Teacher, Campus Minister or Professor:

Name: ____________________________________ Position: ________________________

Address: _________________________________________________________________

Phone: ________________________ E-mail ________________________

Pastor or Other Church Staff Member:

Name: ____________________________ Position: ____________________________

Address: _________________________________________________________________

Phone: ________________________ E-mail ________________________

Someone who has known you at least two (2) years (other than family members):

Name: ____________________________________ Position: ________________________

Address: _________________________________________________________________

Phone: ________________________ E-mail ________________________
Goals

Please state your specific goals and how NOBTS will help prepare you for these goals: (If more space is needed, please attach an additional page.)

________________________________________________________________________

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Signature of Applicant

Date: __________________________