



FINANCIAL AID REGISTRATION FORM

CENTER _____	TERM _____	NEW STUDENT _____	RETURNING STUDENT _____
NAME: Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. _____		DATE OF BIRTH / / _____	
ADDRESS _____		CITY/STATE/ZIP _____	
EMAIL ADDRESS _____		HOME # _____	CELL # _____
CHURCH MEMBERSHIP _____			

Do you hold an office or lay leadership in your church? Yes No If so, what position? _____

How did you hear about Samford's Ministry Training Institute?

- FRIEND CHURCH PROMOTIONAL MATERIAL BAPTIST ASSOCIATION

Course Number	Name of Course

To apply for scholarship, please fill out the form below. A \$10 processing fee is required with application.

FINANCIAL AID INFORMATION

ARE YOU APPLYING FOR AID AS?

- A LICENSED OR AN ORDAINED MINISTER
- A SPOUSE OF A MINISTER
- A CHURCH-APPROVED LAY LEADER (ATTACH LETTER OF RECOMMENDATION)

AID FOR WHICH YOU ARE APPLYING	
<input type="checkbox"/> ALABAMA BAPTIST	<input type="checkbox"/> NATIONAL BAPTIST

National Baptist Scholarship – Half off tuition

DO THE COMBINED INCOMES OF YOUR SPOUSE AND YOURSELF TOTAL MORE THAN \$40,000 PER YEAR? YES NO

(If your annual income is over \$40,000 but there are extenuating circumstances which would prevent you from attending class without financial help, please have the local director certify your need in a letter or on the back of this form.)

NUMBER OF COURSES		AMOUNT OF AID APPLIED FOR	
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Signature of Applicant

Date

I AM ACQUAINTED WITH THE NEEDS OF THE THIS APPLICANT AND RECOMMEND THAT AID BE GIVEN:

Local
Approval

Director's

Date

Director of Institute*