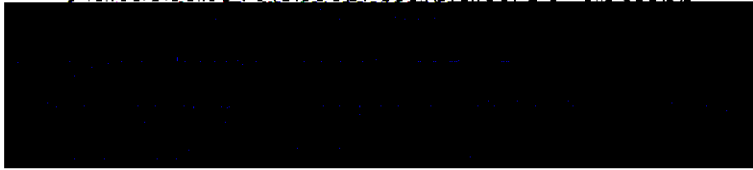


**BAPTIST GENERAL CONVENTION OF TEXAS (BGCT)  
RENEWAL GRADUATE SCHOLARSHIP APPLICATION**

**All Applications Due 14 days before the semester begins**

Name: \_\_\_\_\_  
Last First

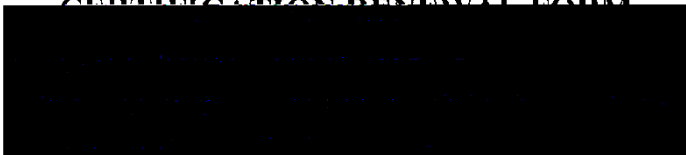


**Pastor or Church Leader and Student,**

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