



Graduate School of Theology and Ministry
Application for Alumni Scholarship
For full-time students only

PLEASE SUBMIT COMPLETED APPLICATION TO THE DEAN'S OFFICE

Deadlines: May 15 for full academic year (Fall and Spring semesters), or **December 1** for Spring only

Name _____ Student Z# _____

Address _____

Phone _____ Email address _____

Degree Program/concentration _____ ☐ M.Div. ☐ M.A. ☐ Joint Degree? _____

Graduate GPA _____ *Are you on academic probation? ☐ Yes ☐ No (See * below.)

Start Term (Sem/Yr) _____ Expected Graduation Date _____

Applying for: ☐ Fall 2018 - Spring 2019 academic year (both semesters)
☐ Fall 2018 only ☐ Spring 2019 only

☐ Current Scholarship Aid Recipient ☐ New Scholarship Aid Applicant

Are you working off campus? ☐ Yes ☐ No How many hours? _____

This scholarship is awarded to graduates or children of ORU graduates who no longer qualify for the Legacy Scholarship. Students cannot receive both Legacy and the Alumni Scholarships at the same time. The total amount of this grant is up to \$500 per academic year for no more than three years or six semesters. Application must be made each academic year.

Alumni name: _____ Year of alumni's graduation: _____

Please read the following before signing:

- ☐ I understand students who meet all requirements will be awarded grants, as approved by the Dean, **based on the order in which the applications are received and on the availability of funds.**
- ☐ **Therefore, awards are not guaranteed.**
- ☐ Other ORU-funded financial aid may cause this award to be adjusted. By completing this application, I accept any award offered and authorize ORU Financial Aid Office to make adjustments to this award or other financial aid according to federal regulations and/or ORU guidelines. Details for special circumstances and exceptions to the policy are available in the Graduate Student Financial Aid office.
- ☐ **This application is only for degree-seeking Graduate Theology Students who are enrolled full-time and maintain a GPA of 3.0 or higher at the Master's level.**
- ☐ This grant is not available for summer sessions.
- ☐ *Students on academic probation may not apply for scholarship aid.

I affirm that all of the above information is complete and accurate to the best of my knowledge.

Applicant's Signature _____ Date _____

—For Office Use Only—

Date Received:

Time Received:

Approved By:

Cumulative GPA: