



**Graduate
School of
Theology**

**ABILENE
CHRISTIAN
UNIVERSITY**

Scholarship Application

Complete this form and mail it to:

Graduate School of Theology, Abilene Christian University, ACU Box 29422, Abilene, Texas 79699-9422

PERSONAL INFORMATION

LAST NAME FIRST MIDDLE PREFERRED SOCIAL SECURITY NO.

ADDRESS CITY STATE ZIP AREA CODE PHONE NUMBER

AREA CODE WORK PHONE NUMBER EMAIL ADDRESS

Extra-curricular activities/hobbies/interests _____

PREVIOUS EDUCATION AND PLANS

When do you plan to enroll at ACU? _____ Will you be a part-time or a full-time student? _____

What degree do you plan to pursue at ACU? _____ How long do you plan to be at ACU? _____

Where did you do your undergraduate work? _____

What degree? _____ Major? _____ Grade Point Average _____

Have you done previous graduate work? _____ Where? _____

Number of hours or degree earned _____ Grade Point Average _____

Scores on GRE or MAT _____ Date taken _____

FAMILY INFORMATION

Your age _____ Birth date _____ Are you married? _____

If married, name and age of spouse _____

Names and ages of children (if applicable) _____

CHURCH BACKGROUND

List the churches where you have been a member and for how long _____

Describe your work or involvement in the activities of these churches _____

**PLEASE SEE
REVERSE SIDE**

OTHER INFORMATION

If you plan to work in addition to your study (such as preaching, part-time church work, or secular employment), describe what you will be doing _____

While you are in graduate school will your spouse be:

a full-time student? a part-time student? employed? other _____

If your spouse will be employed, where will he/she work? _____

Although academic scholarships are not based primarily on need, are there additional circumstances you would like us to consider?

REFERENCES

Including the recommendations you submitted for admission to the university, list the four persons submitting references on your behalf. For this scholarship application we are especially interested in recommendations from those who know of your church work and your potential for ministry, such as your hometown minister, elders, teachers, employers, etc. Confidential Personal Reference forms are enclosed.

NOTE: These reference forms should be mailed to us directly by the persons completing them.

NAME	ADDRESS

I certify that the above information is correct to the best of my knowledge.

Student's signature _____ Date _____

Important Reminders:

1. In addition to this application, you must complete the University Application for Financial Aid and submit it to Student Financial Services. This application can be found at the Student Financial Services Web site, www.acu.edu/sfs, under "financial aid forms."
2. You must make application for admission to the university through the Graduate School Office.
3. This application and your recommendation should be returned to us **two months** before the semester in which you plan to enroll. Applications received less than 45 days before enrollment are subject to a reduction in awarded amount.
4. You are encouraged to attach a resume to this application which highlights education, ministry service, or other experience you believe should be considered with your application.
5. Return **all** scholarship information to the Graduate School of Theology.