



# Grace Community Church Matching Scholarship

## INSTRUCTIONS

1. Please print in blue or black ink, or type.
2. Please complete all sections.
3. If you have any questions, please call (661) 362-2295 or email [kricedorff@masters.edu](mailto:kricedorff@masters.edu).
4. Send completed form to:  
**The Master's Seminary | Financial Aid**  
**13428 Roscoe Blvd, Sun Valley, CA 91352**

**Due:** July 10<sup>th</sup>

**For TMS Use Only**	
GCC Department:	_____
Date Received:	_____
Scholarship Fund:	_____
Amount of Aid:	
Fall	_____ \$ _____
Spring	_____ \$ _____
Approved by:	_____

## STIPULATIONS

1. The Master's Seminary will grant a matching scholarship to GCC employees in GBI and Facilities, who are in good standing, up to 11.0 units per year.
2. The minimum full-time academic load required for a student to be eligible is 11.0 units per semester (M.Div. and B.Th.). Th.M. full-time load is 4 units per semester.
3. The student must maintain a cumulative GPA of 3.0 or above.
4. The scholarship applies only to students in residency at the Los Angeles main campus.
5. The availability of funds is contingent upon budgetary approval for each academic year.

## STUDENT INFORMATION

Student ID Number P000 ____ ____ <small>If unknown, use the last 4 of your SSN</small>	Name: Last	First	Middle Initial
Address: _____			
City:	State/Zip:	Country:	
Email:	Phone Number:		

## SIGNATURE

My signature below certifies that I am currently employed at Grace Community Church and I am a student at The Master's Seminary and I certify that I meet the stipulations listed above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Electronic signatures are not accepted

I certify that I am an authorized representative of Grace Community Church and that the applicant of this scholarship form is employed at Grace Community Church.

Grace Community Church HR Representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Electronic signatures are not accepted



## CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

**Type of Scholarship Applied for:** \_\_\_\_\_

**Student's Full Name:** \_\_\_\_\_

**Student's Email Address:** \_\_\_\_\_

I agree to disclose information regarding my student account including, but not limited to: GPA, finances, Ministry Aptitude Score, and future ministry plans. I affirm that this information will be used for Development purposes. I consent to such disclosure.

I agree

APPROVED BY -- Student

ACCEPTED BY -- TMS

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name, Title

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date