**Application for FCBC Scholarship**

**Mission Department**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (English) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chinese) Gender: M / F SSN#/TAX ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_Single \_\_Married \_\_Other, please specify\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School year/field of study (for student): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years attending FCBC: \_\_\_\_\_ Are you a member of FCBC? \_\_\_Yes \_\_\_No

Years as Christian: \_\_\_\_ Date of Baptism: \_\_\_/\_\_\_/\_\_\_\_\_ Place of Baptism: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previously serving in FCBC as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Presently serving in FCBC as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the attending Bible College/Seminary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PT \_\_\_\_\_FT\_\_\_\_\_

Is it an accredited school? \_\_Yes \_\_No Enrolled Program and Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount of Tuition & Fees per semester: $\_\_\_\_\_\_\_\_\_\_\_ Total support requested for a year: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your yearly income if any (Including your regular supports):\_\_\_\_\_\_\_\_\_\_\_\_Your household income if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you intend to take up position as full-time pastor or full minister or missionary? \_\_\_Yes \_\_\_\_No \_\_\_\_Uncertain

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

***Please submit the form with***

***(1) Personal testimony of your vocational calling to full-time ministry;***

***(2) Information of the Bible College / Seminary and the enrolled program;***

***(3) “Letter of Acceptance” from the Bible College / Seminary;***

***(4) Record of registered courses; and***

***(5) Record of tuition fee for registered courses.***

**For Mission Department Use Only**

Representative of Mission Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_\_\_

Signature of Mission Deacon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Amount Approved: $\_\_\_\_\_\_\_\_\_\_ Duration: \_\_\_\_\_ month(s)/year(s) Date Begin: \_\_\_/\_\_\_/\_\_\_\_\_

Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_