

ALLIANCE SCHOLARSHIP APPLICATION FORM

October 2021

Name: _____ Email: _____

Address: _____

Phone (Hm): _____ Phone (Mob): _____

Church: _____ Date Started Attending: _____

This section not required for Official Workers

Bank Account Details: Name _____ Account # _____

For Depositing Scholarship Award

Course of Study: _____ Place of Study: _____

Length of Course: _____ Current Year of Study: _____

Why have you chosen to study this course?

What ministries are you currently involved in at your local church and other places? *This section is not required for Official Workers*

What other ministries have you been involved in during the last 5 years? *This section is not required for Official Workers*

Please explain your sense of God's call for ministry. *This section is not required for Official Workers*

Pastors Recommendation *To be completed by your pastor (not required for Official Workers)*

Do you recommend this Scholarship Application? Yes: ____ No: ____ Other: ____

Briefly Explain Why: _____

Pastor's Name: _____ Signature: _____

Please forward this application to info@alliancechurches.org.nz