

The Christian Apologetics Scholarship

Student Application

Full Name: _____ Date: _____

Address: _____ Age: _____ Gender _____

E-Mail: _____ Phone Number: _____

***School You Wish to Attend:** _____

Certificate or Degree Program You Wish to Complete: _____

If not in an Apologetics degree or certificate program, what Apologetic Courses do you plan to take for which you are seeking scholarship funds? _____

Are you already enrolled? _____ Date you plan to start the program _____

Church or Ministry where you are currently serving: _____

Address: _____ Website: _____

Your position/title: _____ How long have you served here? _____

Supervisor: Name _____ Position _____ Contact # _____

If awarded funds, do you agree to keep us apprised of your academic and ministry progress? ___Yes ___No

If awarded funds, do you agree to maintain engagement in our recipient network? ___Yes ___No

References *(please provide 3 additional names and some form of contact information)*

Name _____ Relationship to you _____ Contact # _____

Name _____ Relationship to you _____ Contact # _____

Name _____ Relationship to you _____ Contact # _____

Brief Essay: *(use separate sheet if necessary)*

- (a) Explain why you are interested in Christian Apologetics.
- (b) Explain why you want or need this scholarship.
- (c) Describe how you would like to use this degree or certificate of study in your ministry.

Submit this application to: The Christian Apologetics Scholarship Committee
422 B Street
St. Albans, WV 25177

Or email to apologetics@gatewaychurch.net

Once we receive this application and contact your references, we will contact you to schedule an interview.