



ALLIANCE BIBLICAL SEMINARY

Rooted in the Word • Ministry to the World

SCHOLARSHIP APPLICATION FORM

I. GENERAL INFORMATION

Name: _____
 City Address: _____
 Telephone Number: _____ Sex: _____ Civil Status: _____
 Country / Provincial Address: _____
 Nationality: _____ Birthday: _____
 Name of Spouse: _____

Name of Children	Age	Birthday

II. MINISTRY INVOLVEMENT (Rationale: To establish your commitment to full-time ministry)

Denominational Affiliation: _____
 Church in Manila: _____
 Church Address in Manila: _____
 Name of Senior Pastor: _____ Contact No.: _____
 Present Ministry Involvement: _____

 Country or Provincial Church: _____
 Country or Provincial Church Address: _____
 Name of Senior Pastor: _____ Contact No.: _____
 Ministry Involvement: _____

What do you intend to do after your seminary studies: _____

III. EDUCATIONAL BACKGROUND

College Degree: _____

Name of College or University: _____

Address: _____

Year Graduated: _____ Have you submitted your original TOR? _____

Who helped you through your college? _____

Degree Program you are enrolled at ABS: () Master of Divinity () Master of Arts () DIP

Major in: _____ Number of units to take this semester: _____

IV. HEALTH BACKGROUND (Rationale: To maintain the 1.75 GPA requires rigorous academic work, which needs physical fitness)

Have you been hospitalized over the past six months? _____

For what illness? _____

Are you on medication? _____

Do you have medical insurance? _____

IV. FINANCIAL BACKGROUND (Rationale: To establish needs for support)

a. Estimated Budget per Month

- | | |
|--|-----------|
| <input type="checkbox"/> Books and Study Materials | Php _____ |
| <input type="checkbox"/> Food and Incidentals | Php _____ |
| <input type="checkbox"/> Housing and Utilities | Php _____ |
| <input type="checkbox"/> Transportation | Php _____ |
| <input type="checkbox"/> Other dependents expenses | Php _____ |
| TOTAL: | Php _____ |

b. Source of Income per Month

- | | |
|---|-----------|
| <input type="checkbox"/> ABS Scholarship | Php _____ |
| <input type="checkbox"/> Church | Php _____ |
| <input type="checkbox"/> Organizations | Php _____ |
| <input type="checkbox"/> Spouse's Salary | Php _____ |
| <input type="checkbox"/> Family / Relatives | Php _____ |
| <input type="checkbox"/> Savings | Php _____ |
| <input type="checkbox"/> Sponsors | Php _____ |
| <input type="checkbox"/> Others | Php _____ |
| TOTAL: | Php _____ |

c. Housing Allowance

c.1. Free Housing – () Yes () No

I am staying with my / at () Relatives () Friends () Parsonage

V. Reference in Manila ***: (Rationale: To establish your character integrity)

1. Name: _____ Tel. No.: _____
Address: _____
2. Name: _____ Tel. No.: _____
Address: _____

***excluding your senior pastor

I hereby certify, by affixing my signature, that all the information stated above is correct and true.

Applicant's Signature

Date

ABS Scholarship Committee Remarks