

# Keith Boyette Theological Education Fund Scholarship Application

**Instructions:** Please submit your completed application and any required supporting documents to [scholarshipFund@wilderneschurch.org](mailto:scholarshipFund@wilderneschurch.org). Applications are accepted between **May 1** and **June 30**, each year. If you have any questions, contact us.

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## Personal Information

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Church Denomination Affiliation: \_\_\_\_\_

Current Church You Attend: \_\_\_\_\_

Church Address: \_\_\_\_\_

Pastor's Name & Contact Information: \_\_\_\_\_

Are you a Certified Candidate in the GMC?      Yes      No

GMC Conference (if applicable): \_\_\_\_\_

## Academic Information

Name of Seminary/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

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## Financial Information

Estimated Annual Tuition & Fees: \_\_\_\_\_

Other Sources of Financial Aid/Scholarships and amounts:

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_
- 4) \_\_\_\_\_  
\_\_\_\_\_

Briefly describe your financial need: *(250 words max)*

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## References

Please attach two references (one pastoral and one academic/professional) to your submission, who can speak to your character, calling, and qualifications.

## Agreement

By submitting this application, I certify that all information provided is true and complete to the best of my knowledge. I understand that any false statements may result in disqualification from receiving this scholarship. If selected as a recipient, I authorize the Keith Boyette Theological Educational Fund to contact my school and distribute the scholarship funds directly to them, and to use my name and likeness in connection with the promotion and administration of the Fund.

## Submission Instructions

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Thank you for applying for the Keith Boyette Theological Education Fund. May God bless you in your journey of theological education and ministry!