



THE MASTER'S
UNIVERSITY

Application for Pastor and Missionary Dependent Grant

INSTRUCTIONS

1. Please print in blue or black ink.
2. Answer every question. Incomplete applications will not be accepted.
3. If you have questions, call 800.568.6248 ext 2290
4. Send completed form and doctrinal statement to:
The Master's University | Office of Financial Aid
21726 Placerita Canyon Road, Santa Clarita, CA 91321
FAX 661.362.2693
Or upload a scanned copy to: www.masters.edu/upload

FOR OFFICE USE ONLY

Date received: _____

PERSONAL INFORMATION

Student ID Number: _____ Name: Last _____ First _____ Middle Initial _____
 P 0 0 0 _ _ | _ _ _ _ |
If unknown, use the last 4 digits of your Social Security Number

Term of Intended Enrollment:

Fall 20__ _____ Spring 20__ _____

GUIDELINES

- The recipient must be a child of full-time pastors or missionaries who provide the primary income for their family. In all cases, the primary income for the family must come from the church or missions organization;
- Parents' ministries must be consistent with the mission and doctrine of The Master's University;
- Student must demonstrate financial need and complete the FAFSA each year;
- Student must meet classification as a full-time student; and
- Student must have a minimum cumulative GPA of 2.0.

PARENT'S INFORMATION

Position Classification: Pastor Missionary

Name: _____

Position Title: _____ Organization: _____

Yes, I believe I qualify, and I have included a doctrinal statement from my church or missionary organization.

PARENT'S INFORMATION

My signature below certifies that I (my son/daughter) meet(s) the scholarship qualifications listed above.

Student's Signature: _____ Date: _____
Electronic Signatures are not accepted

Parent's Signature: _____ Date: _____
Electronic Signatures are not accepted