

Charlotte Area Alumni Scholarship Application

(Please Print)			
Student Profile:			
Name:			
(Last)	(First)	(Middle)	
Date of Birth:		Age:	
Address:			
(Street or P. O. Box Number	er) City State Zip C	ode	
Telephone Number: Email Address:			
Church Affiliation Name of Pastor (if applicable) District (if applicable) Conference (if applicable)			
Academic Profile:			
Major: Master of Divinity or Mas	ter of Theological Studie	S	
Expected Graduation Year:			
Current Classification:			
Cumulative GPA:			



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List of Honors and Distinctions received:			
List All Extracurricular Activities: (e.g. church, school, and community) that you have been involved.			



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Eligibility & Criteria

- The scholarship will be awarded to 2 full time students 9 credit hours that reside in Charlotte NC, Matthews NC, Monroe NC, or Concord NC.
- Enrolled in the Master of Divinity or Master of Theological Studies
- Must have a cumulative GPA of 3.0 or higher
- Official Transcript
- Two letters of Recommendation (Academic / Church)
- A 250-400 Word Personal Statement Need and Purpose of Scholarship (Typewritten)
- Personal Interview with the Scholarship Committee Members

Deadline for Submitting Application:

June 30th Other

- Scholarship candidates will be notified of the award status within 30 days following the deadline for submitting the application.
- As chapter funds are available, 2 scholarship recipients will be awarded \$400.00 and will be announced during the Opening Convocation.
- Mail completed HTS-Charlotte Chapter Alumni Scholarship Application and required documentations to P.O. Box 2441 Matthews NC 28106.

Signature of Scholarship Candidate	
Date	