

University Carillon

1395 Campus View Court, Oviedo 32765 | 407-359-2112

MacLaren University Carillon ATS Scholarship Fund Request

ACADEMIC YEAR 2023–2024

PERSONAL INFORMATION

Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Email _____

Are you a member (partner) at UC? YES NO

Describe how are you involved in the life of the church:

Are you planning to enter full-time ministry or caring profession? YES NO

Please explain: _____

Have you been admitted into Asbury Seminary? YES NO Degree Program: _____

Will you be taking at least 5 classes during this academic year? YES NO

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

Diploma Earned: _____

(OVER, please)

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

Diploma/Degree Earned: _____

Other Institution: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

Diploma/Degree/Certification Earned: _____

REFERENCES

Please provide contact information for two persons who can attest to your ministry direction and aptitude.

Name: _____ Relationship: _____

Ministry/Company: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____

Ministry/Company: _____ Phone: _____

Address: _____

DISCLAIMER AND SIGNATURE

I certify that the information on this form is true and complete to the best of my knowledge.

Signature: _____

Date: _____