



## 2025-26 Baptist Ministerial Staff Dependent Scholarship Application

This scholarship is awarded to dependent students (as defined on the FAFSA) of full-time Baptist ministerial staff or Baptist career missionaries.

Student Name \_\_\_\_\_ ETBU Student ID # \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Name of ministerial staff employee \_\_\_\_\_

Relationship of employee to student \_\_\_\_\_

Employee position or title \_\_\_\_\_

Date full-time employment began \_\_\_\_\_

Name of church or agency \_\_\_\_\_

Address of church or agency \_\_\_\_\_

Church City \_\_\_\_\_ Church State \_\_\_\_\_ Church Zip \_\_\_\_\_

Church Phone number \_\_\_\_\_

*I certify that the above employee is a full-time staff member at the named church or agency.*

\_\_\_\_\_  
Signature of individual certifying information  
(A staff member other than employee)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

This form must be completed and returned to ETBU Office of Financial Aid every academic year.