



FAMILY SCHOLARSHIP

Each year Oriental Theological Seminary (OTS) awards a limited number of scholarships to students who are related to an employee at OTS as a family member and who also meet and fulfil the laid down criteria for the grant. This scholarship is renewable for subsequent years depending on the recipient's all round good standing in the seminary. This awarded amount will be applied to tuition fees contingent on the availability of the scholarship funds during that year. Application is open to all students who fulfil the criteria. Students who are sponsored by the church or other organizations will not be eligible for the grant.

The scholarship will be granted to candidates who in the judgment of the scholarship committee:

- Submit the prescribed application form
- Demonstrate genuine financial needs in writing in about 500 words
- Demonstrate academic capability and maintain a GPA of "B" or above
- Demonstrate calling to ministry and possess commendable Christian character.
- Is committed and is observed as a potential future church leader



FAMILY SCHOLARSHIP APPLICATION FORM

A. Name of the Student: _____

Date of Birth: Day _____ Month _____ Year _____

Year of Enrolment: _____ Degree and Year: _____

1. Previous College/Seminary attended: _____

Degree Obtained: _____ Division/percentage: _____

2. Previous College/Seminary attended: _____

Degree Obtained: _____ Division/percentage: _____

Current GPA in OTS (if applicable): _____ Class: _____ Year: _____

B. Father's Name: _____

Occupation/Business: _____

Contact Nos: 1. _____ 2. _____

If employed by the government, state the department and the designation/position:

1. Department: _____

2. Designation/Position: _____ Current/Retired

Address: _____

Monthly Income/Salary: _____

Mother's Name: _____

Contact Nos: 1. _____ 2. _____

Occupation/Business: _____

If employed by the government, state the department and the designation/position:

1. Department: _____

2. Designation/Position: _____ Current/Retired

Monthly Income/Salary: _____

Address: _____



C. Name of the Church: _____

Address: _____

Name of the Pastor: _____

Contact Nos: 1. _____ 2. _____

D. In about 500 words state the following:

1. State your family background, number of siblings along with their education/work situation
2. State your Christian calling to ministry and your future ministry prospects
3. State your need for financial aid – situations and conditions that would help the committee to determine your case.

E. DECLARATION:

THE INFORMATION PROVIDED IN MY APPLICATION FOR SCHOLARSHIP ARE ACCURATE PRESENTATION OF MY NEEDS. I UNDERSTAND THAT THE DECISION FOR THE FINANCIAL GRANT RESTS ON THE SCHOLARSHIP COMMITTEE

Signature: _____ Date: _____

Full Name: _____

Submit the application to:

Academic Dean
Oriental Theological Seminary
142 Bade, Dimapur 797112
Nagaland, India

For office use only - do NOT write anything below.

Scholarship Granted _____/Not Granted _____

Total amount granted: _____

Signatures and names (below) of the Scholarship Committee:

1. _____ 2. _____ 3. _____

Name

Name

Name