



## **Wati Aier Postgraduate Scholarship**

The Wati Aier Postgraduate Scholarship is endowed by the children of Wati and Alongla Aier to provide academic scholarship to a student with financial needs. This award covers the full tuition fees for the recipient for a student of OTS, or may be split for two students in a year in the Master of Theology (MTh) program of studies. Application is open to candidates in the MTh program who fulfil the criteria underscored in the application. 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



## Wati Aier Postgraduate Scholarship

**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