

Assemblies of God Theological Seminary

(417-268-1012; fax: 417-268-1098; partners@agts.edu)

Please modify the suggested criteria any way you desire. Return the completed form to the AGTS Development Office, 1435 North Glenstone Ave., Springfield, MO 65802

I. Proposed Name

The name of the scholarship will be _____.

II. Proposed Purpose

This award is established to offer financial assistance to qualified AGTS students who demonstrate financial need and strong academic achievement during seminary.

III. Eligibility Options *Check the options you want and add any additional stipulations on the blank lines. Options may be modified as you desire.*

Current resident students who meet the following criteria are eligible:

Current cumulative grade point average of ____ on a 4.0 scale

Demonstration of financial need.

Enrolled in the _____ degree program. (Degrees include: missions, counseling, theological studies, master of divinity).

IV. The Award

The amount of the award will be determined by the AGTS Scholarship Committee and be based on the size of the endowment and current interest rates. The minimum amount of the award is \$ _____. (*Leave blank if no minimum amount is stipulated*).

IV. Signature

The signature below authorizes the AGTS Scholarship Committee to grant awards according to the criteria outlined and modified above.

Signature

Date