Purpose: The purpose of the CBS Women’s Partnership Scholarship is to provide financial assistance to a female student enrolled in course(s) that support the equipping of the student’s role in ministry and enhance her ability to lead, teach, counsel and shepherd within her church and/or para-church ministry.

Awarding: The Student Financial Services Office will contact scholarship applicants chosen to receive an award. Funds for this award are received through private donation and are awarded based on the availability of funds on an academic year basis.

- $300 – 3 credit hours or less
- $600 – 6 to 8 credit hours
- $900 – 9 to 11 credit hours
- $1200 – 12 or more credit hours

* More or less aid may be granted at the discretion of the CBS Women’s Partnership Board.

Eligibility Criteria
In order to be considered for a scholarship an applicant must meet the following requirements:
1. Must be a member of an established Protestant Church.
2. Be a currently enrolled student at CBS and is matriculated in a degree or certificate program.
3. Submissions of a Free Application for Federal Student Aid (FAFSA) to determine level of financial need, and eligibility for other scholarships and grants.
4. Complete the College’s financial aid application process at Myfa.cbshouston.edu prior to all published deadlines.
5. Submit 3 character references who are familiar with the student and their ministry calling and involvement.
6. Complete the CBS Women’s Partnership Scholarship application. Application must be submitted in accordance with CBS Financial Aid established deadlines.
7. Have an established 2.5 term grade point average and is making satisfactory academic progress in a degree or certificate program.
8. No unresolved financial, academic or student conduct issues with the College.
9. Award recipient must submit a letter of appreciation prior to CBS funding the scholarship award.

The letter should include the following:
a. Background and information regarding the applicant’s ministry calling, church and/or para-church ministry Service.
b. Explain how (or will) their CBS education will contribute to their efforts to
i. Equip the Body of Christ and its members
ii. Evangelize and spread the gospel
iii. Improve ministry skills (leadership, teaching, counseling and shepherding within their
    church and/or para-church ministry.)
iv. Grow the church and/or para-church ministry to make an impact within their community

10. Award recipient are encouraged to attend CBS Women’s Partnership events.
11. Award recipient are encouraged to write a thank you letter to the CBS Women’s Partnership
    members.

Submission Requirements:
Faxed copies of the application will not be accepted. Return the completed application and other
required information to:
The College of Biblical Studies - Houston
Student Financial Services Office, Suite 102
7000 Regency Square Blvd
Houston, TX 77036

APPLICANT INFORMATION
Last Name: ____________________________ First Name: ______________________________
Citizen of the United States: Yes
Mailing address _________________________________________________________________
Email address: __________________________________________________________________
Phone Number (_____) _____________ Cell Phone Number (_____) ______________________

Church Information:
Church name ____________________________________________________________________
Church mailing address ____________________________________________________________
Church Email address: _____________________________________________________________
Phone Number (_____) ___________________ Fax Number (_____) _______________________
Number of members attending worship _______________________________________________
Denomination (National, State or Association Affiliation): _____________________________
If an independent church, please explain: ______________________________________________
Senior Pastor’s Name ______________________________________________________________
Are you a mission of another church? ____Yes ____No
If so, please give their church information:
Church name ____________________________________________________________________
Church mailing address ____________________________________________________________
Church Email address: _____________________________________________________________
Phone Number (_____) ___________________ Fax Number (_____) _______________________
Senior Pastor’s Name ______________________________________________________________

Para-Church Ministry Information:
IRS 501 (c)(3) Tax Exempt Number #:___________________ (attach copy of letter of determination)
Para-Church Ministry name__________________________________________________________
Para-Church Ministry Mission_________________________________________________________
Para-Church Ministry mailing address _______________________________________________
Para-Church Email address: __________________________________________________________
Phone Number (_____) ___________________ Fax Number (_____) _______________________

I understand that I must be enrolled in an eligible course(s) for any academic year/term(s) in which the scholarship is awarded. If I withdraw from a course(s) I will forfeit the scholarship and must pay for any charges that I have incurred during the term of enrollment.

I also grant my permission to release my name, church’s name and/or para-church and information, course(s) and references as a condition of receiving a scholarship award to the foundation which supports this scholarship.

I hereby certify that all of the information provided in this application is true to the best of my knowledge.

Applicant name: (please print name)_________________________________________________

Signature of Applicant: ______________________________________ Date:_________________

References
List 3 denominational leaders, or other reference names other than members of your church or suppliers/vendors to your church.

Name: __________________________________________________________________________
Relation to Church: __________________________________________________________________
Mailing Address: __________________________________________________________________
City/State/Zip Code: __________________________________________________________________
Email Address: _____________________________________________________________________
Phone Number(s): __________________________________________________________________

Name: __________________________________________________________________________
Relation to Church: __________________________________________________________________
Mailing Address: __________________________________________________________________
City/State/Zip Code: __________________________________________________________________
Email Address: _____________________________________________________________________
Phone Number(s): __________________________________________________________________

Name: __________________________________________________________________________
Relation to Church: __________________________________________________________________
Mailing Address: __________________________________________________________________
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Email Address: _____________________________________________________________________
Phone Number(s): __________________________________________________________________