

# Scholarship Application

## T. B. Maston Foundation

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*As stated in the Scholarship Guidelines, this application should be submitted along with transcripts, letters of recommendation, and essay to: T. B. Maston Scholarship Committee, C/o David Morgan, Executive Director, 520 Red Cloud Drive, Harker Heights, TX 76548.*

### THE PURPOSE OF THE SCHOLARSHIP

The T. B. Maston scholarship is established to encourage on-going leadership and scholarship in the field of Christian ethics, and to challenge others in the Baptist tradition to live out an authentic Christ-like ethic.

### PERSONAL DATA

Full Name	_____		
Date Of Birth (mm/dd/yyyy)	____/____/____	Social Security Number	____-____-____
Telephone	____-____-____ (home)	____-____-____ (work or cell)	
Email	_____		
Present Address	Street _____		
	City _____	State ____	ZIP _____ - _____
Permanent Address (if different)	Street _____		
	City _____	State ____	ZIP _____ - _____
Name of Spouse (if married)	_____		
Names and Ages of Children	Name	Year of Birth	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	

### ACADEMIC RECORD (List all undergraduate, graduate, and post-graduate degrees)

Degree	University/College/Seminary	Major/Concentration/Track	Year Awarded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CURRENT DEGREE PROGRAM**

Degree	University/College/Seminary	Major	GPA	Year Began
_____	_____	_____	_____	_____

Are you currently working on a dissertation or thesis? ☐ Yes ☐ No

*If yes, provide a copy of abstract or research question.*

Expected Graduation Date (MM/YYYY) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**CHURCH RELATED MINISTRY**

Church Membership (name, city) \_\_\_\_\_

Current Staff Position \_\_\_\_\_

Other Ministry Position \_\_\_\_\_

Previous Church Staff or Leadership Positions

Position	Church Name, City, State	Year(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VOCATIONAL PLANS AFTER THIS DEGREE**

\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL STATUS**

Place of Employment \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_

Spouse's Employment \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_

Describe any existing conditions that cause unusual financial expenditures, such as family illness, dental conditions, disability, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL STATEMENT**

In light of the purpose of the Maston Foundation Scholarship (top of page 1), how do you plan to contribute to the accomplishment of this purpose?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_