

**INDIANAPOLIS DISTRICT NAZARENE MISSIONS INTERNATIONAL  
APPLICATION FOR SCHOLARSHIP  
TO NAZARENE COLLEGE/UNIVERSITY**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ (dd/mm/yyyy) Place of Birth \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Relationship \_\_\_\_\_ Occupation \_\_\_\_\_

Please indicate the following:

Graduating year \_\_\_\_\_ School \_\_\_\_\_

Scholastic position in class \_\_\_\_\_ GPA \_\_\_\_\_

Name/location of Nazarene college/university to which application is made  
\_\_\_\_\_

Are you currently a student at this school? \_\_\_\_\_

If not currently a student, date of application for admission \_\_\_\_\_

Have you been accepted? \_\_\_\_\_

On a separate sheet of paper, please write a brief testimony; tell about your call to Christian service, and state reasons supporting your application for this scholarship.

ACTIVITIES: (Please list; use additional paper if needed.)

Church:

School:

Civic/Community:

Please respond:

I am a faithful member of the \_\_\_\_\_ Church of the Nazarene.

\_\_\_\_ I am a participating member of the local Nazarene Missions International.

\_\_\_\_ I support the church financially.

\_\_\_\_ I am faithful in attendance to local church services, NYI, NMI and Sunday School.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note: Application must be accompanied by Pastor's Recommendation and two additional letters of recommendation. Mail by March 15 to District NMI Secretary.**

**PASTOR'S RECOMMENDATION OF APPLICANT  
FOR INDIANPOLIS DISTRICT NMI SCHOLARSHIP**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

**A. LOYALTY**

Which best describes the applicant's attendance:

Sunday School	Regular _____	Occasional _____	Seldom _____	Never _____
Sunday AM Worship	Regular _____	Occasional _____	Seldom _____	Never _____
Sunday PM	Regular _____	Occasional _____	Seldom _____	Never _____
Mid-week	Regular _____	Occasional _____	Seldom _____	Never _____
Revival/Special	Regular _____	Occasional _____	Seldom _____	Never _____

**B. SERVICE**

1. What offices has applicant held in local church? \_\_\_\_\_

\_\_\_\_\_

2. What offices has applicant held on the district? \_\_\_\_\_

\_\_\_\_\_

3. Do you consider the applicant dependable in his/her work? \_\_\_\_\_

**C. SPIRITUAL LIFE**

1. Does the applicant give a clear testimony of salvation? \_\_\_\_\_

2. Does the applicant give a clear testimony of sanctification? \_\_\_\_\_

3. Does the applicant's life and attitude exemplify the doctrine of holiness? \_\_\_\_\_

4. Has the applicant testified to a call to full-time Christian service? \_\_\_\_\_

5. Is the applicant being disciplined? \_\_\_\_\_

6. Is the applicant a member of the local church? \_\_\_\_\_ How long? \_\_\_\_\_

7. Is the applicant a participating member of the local NMI? \_\_\_\_\_

8. Describe the maturity level of the applicant. \_\_\_\_\_

\_\_\_\_\_

**D. REMARKS (use additional paper if needed)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Pastor's signature

\_\_\_\_\_  
Local Church of the Nazarene

**Mail by March 15 to District NMI Secretary.**