

**Re-Application for Previous TEAM Scholarship Recipients ONLY**

**Name: Date:**

**Email: Age: Nationality:**

**Marital status: Number of dependents:**

**University:**

**Area of study & degree sought:**

**Present year of study: GPA:**

**Date when scholarship is needed:**

**Month and year of graduation:**

**Yearly tuition costs:**

**Other yearly school expenses:**

**Total expenses:**

**Yearly income:**

**Financial support:**

**Dates and Amounts of TEAM Scholarships received in the past:**

**Return this completed re-application to** [applicationforteam@gmail.com](mailto:applicationforteam@gmail.com) **along with:**

**- a copy of your grades,**

* **an essay stating your church involvement in the past year and why you need this scholarship.**
* **A photo for public relations purposes.**
* **one recommendation on the form below, sent separately by recommender to** [applicationforteam@gmail.com](mailto:applicationforteam@gmail.com) **.**

**Recommendation for TEAM Scholarship**

**for Women in Adventist Ministry**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete this form on the computer and email it as soon as possible directly to [applicationforteam@gmail.com](mailto:applicationforteam@gmail.com)

1. How long have you known this person, and in what capacity?
2. What strengths, assets, and skills does she bring to ministry?
3. In what areas does she need to grow?
4. What contributions has she made in school, work, church, or the community?
5. What reservations, if any, do you have about this student?
6. List additional information you feel the review committee should consider. Use additional pages as necessary.

Print name and position/title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to applicant (mark one): pastor/head elder professor employer/supervisor

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_