

Scholarship Application



Think LifeChange
INSTITUTE OF BIBLICAL COUNSELING

Contact Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Home: _____ Work: _____

Primary E-Mail Address: _____

Gender: Male Female Age: _____ DOB: _____

Spiritual History

Church Name: _____ Denomination: _____

Pastor's Name: _____

Education

Year graduated from high school: _____

Highest level of college completed: _____

Post graduate degree(s): _____

Criminal History

Have you ever been convicted of a felony? Yes No

Questionnaire

1.) Explain why you are seeking this training?

2.) Do you desire to become a counselor at your church or your own practice?

3.) Explain your need for financial assistance.

References

Please provide two references:

Name	
Email	
Phone	
Name	
Email	
Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	