

Application for Master's Fund Academic Scholarship



"Let your light shine before others, so that they may see your good works and give glory to your Father in heaven."
Matthew 5:16 NRSV

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The Master's Fund provides financial assistance to women and girls for ministry-related education with an emphasis on the intended church-related career of the applicant, so that attendance at any accredited college, university or graduate school is permitted. Master's Fund academic scholarships are intended for degree-providing programs.

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Requirements

In addition to this form, Master's Fund scholarship applicants must submit all of the following as a single application packet in the first year of requesting an academic scholarship. (Renewal applicants see below.)

1. A letter of recommendation from your clergy or bishop.
 2. Letters of recommendation from three church women, preferably members of The Order, who know you well.
 3. On a separate sheet of paper, provide a short description of how you will use this education to serve the Church.
 4. An essay of 500 words or less that describes God's call on your life.
 5. A completed Payment Request Form. (Form can be found at www.doknational.org)
- * **Note: Applicants for grants towards continuing education programs must complete the Application for Master's Fund Continuing Education Grant rather than this application.**

In addition to this form, Master's Fund scholarship renewal applicants must submit all of the following as a single application packet:

1. A brief essay describing what your scholarship from The Order has meant to you.
2. A letter of recommendation from your academic advisor or dean.
3. Proof of satisfactory academic progress such as an unofficial copy of your transcript.
4. A completed Payment Request Form. (Form can be found at www.doknational.org)

Guidelines

1. Applicants must be at least 21 years of age and are only eligible for one scholarship per year.
2. Master's Fund academic scholarship requests must be received by April 30th to be reviewed and approved for payment for the upcoming academic year.
3. All Master's Fund scholarships are need-based and determined by the amount of money available in the Master's Fund when applications are reviewed by the Master's Fund Committee.
4. Scholarship recipients must re-apply for each of the subsequent years of their academic programs for which they request assistance.
5. Complete packets are given priority over applications that come with separate documents. Incomplete applications will not be accepted and considered if all required documentation is not received by the Master's Fund Chair by April 30th.

Application for Master's Fund Academic Scholarship Continued

Type of Application: First Request Renewal

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Birthdate: _____

Home Church: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Is the applicant a member of The Order? Yes No If yes, Member # _____

Provincial Assembly: _____ Diocesan Assembly: _____

Chapter Name: _____ Charter Number: _____

Is the applicant current in her dues? Yes No Lifetime member Not applicable

Application for Academic Year: 20 ____ **- 20** ____

Academic Goal: (Please check all that apply.)

Certification Master of Divinity Ordination Other: _____

Years Required for completion: _____ Expected Completion Date: _____

Current Academic Status: _____

Are you currently accepted as a Postulant? Yes No

If yes, in what diocese? _____ Name of Diocesan Bishop: _____

Application for Master's Fund Academic Scholarship Continued

Name of Applicant: _____

Name of Institution Providing Education/Training: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Financial Aid Office Email: _____

Is the institution accredited? Yes No Type of accreditation: _____

Financial Information:

Expenses: Per Year Per Semester Course Fee Other
(IDENTIFY THE AMOUNT OF THE EXPENSE BY CATEGORY BELOW)

Tuition: _____ Books: _____

Room and Board: _____ Other: _____

Financial Resources:
(IDENTIFY THE AMOUNT OF THE EXPENSE BY CATEGORY BELOW)

Parish/Diocesan Grants: _____ Other Grants: _____

Scholarships: _____ Employer: _____

Family and Gifts: _____ Other: _____

If you are experiencing financial hardship, please explain the circumstances on a separate page and attach it to your application.

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I pledge that the education funded by this scholarship will be used to make Christ known to others and spread God's love throughout the world. I certify that monies received as a result of this scholarship request are to be used for the purpose stated and any monies received in excess of the actual need will be returned to The Order of the Daughters of the King®. I further understand that I have an obligation to provide requested feedback to the Master's Fund Chair in the manner and time specified in the award notification letter and The Order has my permission to publish my name and/or photograph in publications and correspondence of The Order. Failure to provide feedback may impact the approval of future scholarship or grant requests.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed form to The Order of the Daughters of the King®, Attn: Master's Fund Chair via mail, fax, or email:  
101 Weatherstone Dr Ste 870, Woodstock GA 30188 ♦ Fax: (770) 517-8066 ♦ Email: MastersFund@doknational.org