



Cheyenne Bible Training Center Scholarship Application

Date: _____

Name: _____
Last First Middle

Address: _____

City State Zip Code

Email Address: _____

Telephone: _____

Cell: _____

Date of Birth: _____

Scholarship Request

Explanation of Need:

Amount requested:

Books Only _____ Tuition Only _____ Partial of Total _____ Total _____

Number of Semesters needing assistance _____

Church Affiliation and References

Name and Address of Home Church:

Name of Pastor: _____

Telephone: _____

Date Born Again: _____

Date of Baptism in Holy Spirit: _____

Area of Ministries Currently Serving In:

(Office Use)

Approved: Yes _____ No _____ Date: _____ Amount _____

Reason if denied: _____

Signature: _____