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**Antioch School of Urban Ministry  
Scholarship Fund Application**

The ASUM Scholarship will be awarded to an individual in an undergraduate program who meets the requirements below and demonstrates exemplary aptitude in the areas of Biblical studies. The Scholarship will be applied directly towards the students tuition fees.

I am applying for (please circle one) **Partial** or **Full** Scholarship

**Requirements**

- 1) Complete the application and return to ASUM PO BOX 574, Bronx NY 10451-0574
- 2) Submit a 250 word essay on "Why you think you should be considered for an ASUM Scholarship".
- 3) Must have a High School Diploma or GED Certificate and submit copy with application
- 4) Must maintain a 3.0 GPA (grade point average)
- 5) Must demonstrate a need for financial assistance (please attach a copy of your Federal and State Income Tax Statement, Social Security income statement, Pension, and any/all sources of income)
- 6) Must be a member in good standing in a local church (letter from Clergy and/or Ministry Leader is required)
- 7) Must plan to attend Antioch on a regular basis, if awarded a scholarship

<b>NAME:</b>	First	Middle	Last
<b>ADDRESS:</b>		<b>CITY:</b>	<b>STATE:</b> <b>ZIP CODE:</b>
<b>HOME PHONE:</b>	<b>CELL PHONE:</b>	<b>WORK PHONE:</b>	
<b>EMAIL:</b>			
<b>GENDER:</b>	(circle one)    Male         Female	<b>DOB:</b>	
<b>HIGH SCHOOL ATTENDED:</b>	<b>Year Graduated:</b>		
<b>COLLEGE / TRADE SCHOOL(S) ATTENDED:</b>	<b>Year Graduated:</b>		
I am (circle one) <b>Unemployed</b>   <b>Retired</b>		<b>Total Annual Income</b> (include all sources):	
<b>Current Employer Name &amp; Address:</b>		<b>Your Title/Position:</b>	<b>Years at Current Employer:</b>
<b>Church/Ministry Name &amp; Address:</b>		<b>Your Ministry Role or Title:</b>	
		<b>Number of Years Serving:</b>	
<i>I hereby authorize the release of information that is part of this application process to the Board Members of the ASUM Scholarship Fund, Inc. I certify to the best of my knowledge, that this information is accurate and complete. I understand that the final decision of this application is subject to the approval of the ASUM Scholarship Fund Inc Board Members.</i>			
<b>Signature of Applicant &amp; Date Submitted</b>		<b>Signature of Scholarship Fund Committee Member</b>	

Please email completed application and supporting documentation to Raquel Rivera at rrivera@asumonline.org or mail to Antioch School of Urban Ministry, PO Box 574, Bronx, NY 10451-0574

*For ASUM Use Only    Approved    Declined    |    if approved amount/percentage:  
ASUM reserves the right to revoke/cancel/adjust scholarship at anytime with or without cause*