



SCHOLARSHIP APPLICATION

(To request an application, please contact srpastor.bethlehemtacoma@gmail.com)



Bishop Michael Doss, President

Committee Members

Tacoma Ministerial Alliance Executive Board of Directors

Tacoma Ministerial Alliance

PO Box 111859
Tacoma, Washington 98411

Name _____ Marital Status _____
Address _____ Number in Family _____
_____ Age _____ Gender _____
Date _____ Phone number _____ GPA _____
Email _____

1. Name of current school attending, or last school attended. _____
2. What College or Institution do you plan to attend? _____
_____.
3. *What major field of study do you plan to pursue?* _____
Why? _____
4. What church are you a member of? _____
5. What church activities are you involved in? _____

6. What is your Pastor's name and phone number. _____

7. How long have you been a member of your church? _____

CRITERIA

1. ___ Must be a member by way of a TMA community affiliation or church in good standing.
2. ___ Submit a copy of grade point average (GPA), or a copy of the GED certificate. ___ Scholarship award is for a GPA of 2.5 or higher.
3. ___ **Application deadline is April 30, 2026.**
4. ___ Submit a letter of recommendation from a school counselor/teacher.
5. ___ Submit a letter of recommendation from your Pastor.
6. ___ Attach a 50-word Essay of your goals and aspirations and a photo.
7. ___ Submit a copy of the Acceptance Letter from the school you are attending.
8. ___ Be a High School graduate or (GED) Equivalent attending a Vocational, Technical or College to obtain a certificate, degree completion.

RETURN APPLICATION TO:

Tacoma Ministerial Alliance Scholarship Committee
PO BOX 111859
Tacoma WA 98411
C/O Pastor C. Ivan Johnson
ivan@greaterdestinytacoma.com
253-203-8322