

# WOMAN'S MISSIONARY UNION OF VIRGINIA

2828 Emerywood Parkway

Henrico, VA 23294

Telephone: 804-915-5000  
www.wmuv.org

Fax: 804-672-8008  
email: [wmuv@wmuv.org](mailto:wmuv@wmuv.org)

## **SEMINARY SCHOLARSHIP**

### **Qualifications and Guidelines**

Woman's Missionary Union of Virginia (WMUV) will grant scholarships to women who are members of churches served by the Baptist General Association of Virginia (BGAV) who plan to attend any of the seminaries supported through the BGAV.

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***No more than three (3) scholarships per academic year will be available. WMUV reserves the right to accept or deny scholarship assistance to any applicant.***

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1. Applicant's stated purpose is to prepare and to seek career missionary or professional employment with a state or national Woman's Missionary Union, or professional ministry position (state, association or church).
2. The applicant holds a Bachelors degree or its equivalent.
3. Application for aid is made through the WMUV office to the Executive Director/Treasurer prior to July 1.
4. The applicant has interviewed with the Executive Director/Treasurer or a representative of the WMUV Board of Trustees. It is the responsibility of the applicant to schedule an interview during July preceding the school year.
5. The maximum scholarship granted to the applicant for a full academic year shall be \$1,500; the applicant shall receive no more than three annual scholarships.
6. Requests for renewal should be made through WMUV office to the Executive Director/Treasurer prior to July 1. A transcript of the last semester's grades must accompany the request. An average or above average grade is required for renewal.

**Woman's Missionary Union of Virginia (WMUV)**

2828 Emerywood Parkway, Henrico, VA 23294  
Telephone: 800-255-2428 or 804-915-5000 Fax: 804-672-8008

**Seminary Scholarship Application**

\_\_\_\_\_  
Name of Seminary

For Academic Year \_\_\_\_\_

Degree: \_\_\_\_\_

Full-time student : \_\_\_ yes \_\_\_ no

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_  
City State Zip Social Security No.: \_\_\_\_\_

Church \_\_\_\_\_ Association \_\_\_\_\_ No. of Years \_\_\_\_\_

Church Activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education**

Graduate Y/N

High School \_\_\_\_\_ Year \_\_\_\_\_ \_\_\_\_\_

College \_\_\_\_\_ Year \_\_\_\_\_ Degree \_\_\_\_\_ \_\_\_\_\_

Graduate \_\_\_\_\_ Year \_\_\_\_\_ Degree \_\_\_\_\_ \_\_\_\_\_

Use the back or a separate sheet if additional space is needed for the following two sections.

**Describe your plans and goals for ministry/missionary service:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe your call to ministry/missionary service:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**On a separate sheet of paper write an essay of approximately 1500 words that addresses the following:**

- 1) Your Christian testimony
- 2) A brief biography of your life that includes topics such as church activities, study groups, awards, talents, sports, hobbies, mission projects and community service.
- 3) How receiving this scholarship will impact your life, and will enable you to pursue the call of God in your life.

**REFERENCES:**

**Pastor:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/St/Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**WMU Director:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/St/Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**Sunday School/Discipleship Director or Teacher:**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/St/Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**Reference of your choice:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/St/Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**Parents or closest living relative:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/St/Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**I affirm that the information on this application is correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail to: **WMUV Scholarships – Seminary**  
**2828 Emerywood Parkway**  
**Henrico, VA 23294**

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\_\_\_\_\_ has applied for a scholarship from WMU of Virginia to attend \_\_\_\_\_ Seminary.

**In order that we may give her application thorough consideration, we would appreciate your answers to the following questions.**

1. *How long have you know her?* \_\_\_\_\_ Years      *Relationship:* \_\_\_\_\_

2. *What are/have been her leadership roles at church?* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. *What qualities of Christian leadership has she demonstrated?* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. *What are the qualifications which, in your opinion, will equip her for ministry/missionary service.* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. *Are there any factors which might limit her success as a minister/missionary? If so, what are they?* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

*Use the back or add another sheet if additional space is needed for your response.*

**Return to: Seminary Scholarships, WMU of Virginia, 2828 Emerywood Parkway, Henrico, VA 23294**

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APPLICATION FOR SEMINARY SCHOLARSHIP RENEWAL

Date

Seminary

Name

Address

City/State/Zip

Social Security Number

Are you a returning Seminary student? Yes No

Please list any scholarship aid you have received from Woman's Missionary Union:

Table with 2 columns: Year, Amount

Amount of Scholarship/Year requested from WMU: \$ (Year)

Have you maintained an average grade point for this year? Yes No

A copy of last year's grade transcript must be attached to this scholarship renewal request form if you are a returning student.

Have you applied for other scholarships? Please list below:

Table with 2 columns: Scholarship Name, Amount

This request for renewal must be completed, signed, and received in the WMU state office before July 1. Please mail to: WMU of VA, Scholarship Fund, 2828 Emerywood Parkway, Richmond, VA 23294

Signed