

**Re-Application for Previous TEAM Scholarship Recipients ONLY**

**Name: Date:**

**Email: Age: Nationality:**

**Marital status: Number of dependents:**

**University: Area of study & degree sought:**

**Present year of study: GPA:**

**Date when scholarship is needed:**

**Date of graduation:**

**Yearly tuition costs:**

**Yearly room & board:**

**Other expenses:**

**Total expenses:**

**Yearly income: Financial support:**

**Dates and Amounts of TEAM Scholarships received in the past:**

**Goals:**

**Return this completed re-application along with a copy of your grades, and**

**one recommendation to: applicationforteam@gmail.com**

**Reference Form**

**TEAM (Time for Equality in Adventist Ministry)**

**Women in Ministry Scholarship Fund**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete this form on the computer and email it as soon as possible directly to **applicationforteam@gmail.com** or mail to: TEAM Scholarship Review Committee, PO Box 7816, Langley Park, MD 20787-7816

1. How long have you known this person, and in what capacity?
2. What are her strengths, assets, and skills?
3. In what areas does she need to grow?
4. What contributions has she made in school, work, church, or the community?
5. What reservations, if any, do you have about this student?
6. List additional information you feel the review committee should consider. Use additional pages as necessary.

Print name and position/title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to applicant (mark one): pastor/head elder professor employer/supervisor

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_