William K. and Delores S. Brehm Scholarship for Master of Arts Students

The William K. and Delores S. Brehm Scholarship provides financial assistance to Master of candidates in the School of Theology enrolled in an authorized Worship, Theology, and the Arts curriculum, who shows exceptional promise for a full-time ministerial or academic vocation. The purpose of the scholarship is to encourage and invest in leaders who will be actively engaged in the revitalization of worship in the Church through practice and conversation, and who will contribute to the research on the role of worship and the arts in life, thought, and the community.

One Master of Arts scholarship, renewable annually, will be awarded. The scholarship includes full tuition and standard fees (including parking but excluding insurance) for the term or normal years of study and will be renewed each year as long as the scholar remains in good standing and funds are available until the degree is completed (or until tuition is no longer needed).

Eligibility Requirements:
1. Students must be enrolled or accepted as a Master of Arts student with a Worship, Theology, and the Arts, or Theology and the Arts emphasis approved by the Brehm Center Academic Director.
2. Students must complete and submit the attached Scholarship Application by the deadline.

Application Process:
1. Carefully read the instructions on the attached Scholarship Application.
2. Complete all sections of the Application.
3. Provide 3 written recommendations using the Recommendation Forms provided. One of the recommendations should be from a person with knowledge of the applicant’s demonstrated leadership and community service interest. Recommendations can be delivered in an envelope with the application or sent separately.
   a. The flap of the envelope should be sealed and signed.
4. Student Financial Services must receive the Application and all materials by 5 PM FRIDAY, March 6, 2015. Applications or materials received after the deadline are late and will not be considered.

Selection Process:
1. One recipient, a Master of Arts student, will be selected by a committee chosen by the Executive and Academic Directors of the Brehm Center for Worship, Theology, and the Arts in collaboration with the Office of Student Financial Services.
2. Factors that will be considered include demonstrated academic excellence, involvement in and commitment to community service, and leadership ability.

Notification Process:
1. Only recipients will be notified. Notifications will be mailed by May 1, 2015.
2. Recipients will be required to indicate their agreement to abide by the rules and responsibilities of the scholarship program by returning a signed agreement by the deadline specified on the scholarship notification.
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Application

Instructions: Please answer the following questions. Do not exceed three typed pages. Handwritten responses will not be accepted.

1. Describe your call to ministry and why you are enrolled in a WTA concentration/emphasis at Fuller.
2. What is your church background? What is your current church involvement?
3. How do you perceive your gifts for ministry? How have you used these gifts in your past or present ministry opportunities?
4. In what ways have you demonstrated your commitment to community service?
5. What are your personal, educational, and ministry plans for the time you are enrolled at Fuller?
6. What is your expected date of graduation? To what and where do you believe God is calling you to serve after leaving Fuller?

Name_________________________________________Student ID#____________________

Mailing Address ________________________________________________________________

Contact Phone Number __________________________

Applicant Certification and Release:
I affirm that the information I have provided is correct and complete. I agree that Fuller Seminary’s Student Financial Services may release information about my experience as a student, including, but not limited to, my academic history and financial aid eligibility to the Brehm Scholarship Selection Committee as part of the selection process. If selected as a recipient, I will abide by the rules and responsibilities of the award as disclosed with the notification letter. Furthermore, if I am chosen as a recipient, Fuller’s Development and Public Affairs departments may contact me for the purposes of maintaining donor relationships, fundraising and publicity.

Signature________________________________________Date________________________

Submit this application and your attached response to Student Financial Services by 5 PM Friday, March 6, 2015. Late applications will not be considered.
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Recommendation Form #1

Applicant Instructions: Complete the following section and give this form to your recommender.

Applicant: ___________________________________________ Student ID# ______________________

WAIVER: I understand this Recommendation Form is to be received and maintained in confidence by Fuller Theological Seminary for consideration for financial aid. I hereby expressly waive any and all rights I have of access to this evaluation under the Family Education Rights and Privacy Acts of 1974, the California Information Practices Act of 1977, and any/or all other laws, regulations, or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this form; the right to have a copy of this form made for my use; the right to request an amendment of this form.

☐ I agree to waive access to this statement. ☐ I do not agree to waive access to this statement.

Applicant Signature________________________________ Date________________________

Instructions to the Recommender:
The applicant above is applying for the William K. and Delores S. Brehm Scholarship. Recipients will receive a renewable scholarship that covers the full cost of tuition and most other required fees. The purpose of the scholarship is to select a student who shows exceptional promise for a full-time ministerial or academic vocation and to encourage and invest in leaders who will be actively engaged in the revitalization of worship in the Church through practice and conversation, and who will contribute to the research on the role of worship and the arts in life, thought, and the community.

We would be grateful if you would give your frank evaluation of the applicant’s Christian experience, personal character, previous record and their ability to successfully meet the purpose of this scholarship.

Mail or deliver this completed form to the applicant or mail your recommendation directly to the Student Financial Services Office. Please be sure to sign and seal the flap of the envelope. We ask, however, that you notify the applicant of your action. To ensure that your recommendation is received before the application deadline of Friday, March 6, 2015, please promptly respond and mail the form to:

Fuller Theological Seminary, Student Financial Services, 135 N. Oakland Ave., Pasadena, CA 91182.

Name of Recommender (please print or type)______________________________________________

Position/Title__________________________________________________________

Name of institution (church, school, organization, etc.) ________________________________

Address______________________________________________________________City____________State______Zip_____

Phone: Office ( )________________________________Home: ( )____________________________

Signature________________________________________Date________________________

Please use the reverse side for your evaluation.
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Recommendation Form #1

Please give your frank evaluation of the applicant’s Christian experience, personal character, previous record and their ability to successfully meet the purpose of this scholarship.
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Recommendation #2

Applicant Instructions: Complete the following section and give this form to your recommender.

Applicant: ___________________________________________________________Student ID# __________________

WAIVER: I understand this Recommendation Form is to be received and maintained in confidence by Fuller Theological Seminary for consideration for financial aid. I hereby expressly waive any and all rights I have of access to this evaluation under the Family Education Rights and Privacy Acts of 1974, the California Information Practices Act of 1977, and any/or all other laws, regulations or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this form; the right to have a copy of this form made for my use; the right to request an amendment of this form.

☐ I agree to waive access to this statement. ☐ I do not agree to waive access to this statement.

Applicant Signature _____________________________ Date ________________________________

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Position/Title _______________________________________________________

Name of institution (church, school, organization, etc.) ______________________

Address _______________________________ City _______________ State _______ Zip _______

Phone: Office (   ) ___________________ Home: (   ) ___________________________

Signature __________________________________ Date __________________________

Please use the reverse side for your evaluation.
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Recommendation #2

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Recommendation #3

Applicant Instructions: Complete the following section and give this form to your recommender.

Applicant:__________________________________________Student ID# ______________

WAIVER: I understand this Recommendation Form is to be received and maintained in confidence by Fuller Theological Seminary for consideration for financial aid. I hereby expressly waive any and all rights I have of access to this evaluation under the Family Education Rights and Privacy Acts of 1974, the California Information Practices Act of 1977, and any/or all other laws, regulations or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this form; the right to have a copy of this form made for my use; the right to request an amendment of this form.

☐ I agree to waive access to this statement. ☐ I do not agree to waive access to this statement.

Applicant Signature__________________________________________Date________________

Instructions to the Recommender:
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Fuller Theological Seminary, Student Financial Services, 135 N. Oakland Ave., Pasadena, CA 91182.

Name of Recommender (please print or type)__________________________________________

Position/Title__________________________________________

Name of institution (church, school, organization, etc.)__________________________________________

Address__________________________________________City__________________________State__________Zip________

Phone: Office ( )__________________________Home: ( )__________________________

Signature__________________________________________Date________________

Please use the reverse side for your evaluation.
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Recommendation #3

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