



The Virginia Institute of Pastoral Care
 2000 Breomo Road, Suite 105, Richmond, Virginia 23226
 (804) 282-8332 Fax: (804) 288-4558 Email: vip.care@verizon.net

SCHOLARSHIP APPLICATION

Date _____ Program Applied for: _____
 Name _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Phone (work) _____ (home) _____ (cell) _____
 E-mail Address _____ Fax _____
 Church Membership _____
 Role in Ministry _____
 If ordained, by _____ As _____ Year _____
 Total Annual Gross Family Income _____
 Amount of scholarship aid requested from VIPCare \$ _____
 ▪ For what period of time? _____
 Your signature _____ Date _____

Please attach:

- Brief statement of financial need
- Copy of first page of latest Federal Income Tax form.
- Budget of monthly income and expenses
- List of other sources contacted for financial assistance, and the results
- Information demonstrating any of the following:
 - Clinical and/or academic excellence
 - Being part of a faith or ethnic group underrepresented in American Association of Pastoral Counselors
 - Plan to use pastoral counseling skills in an underserved community

Amount of scholarship approved \$ _____
 For purpose of _____
 During _____ Funding Source _____

 Director of Education