

# DOCTOR OF MINISTRY GRANT APPLICATION

Deadline Date  
for fall and spring semesters  
May 1

DEADLINE DATE FOR SECOND SEMESTER ONLY  
November 1

CHARLES B. KEESEE EDUCATIONAL FUND, INC.  
**P. O. BOX 431**  
**MARTINSVILLE, VIRGINIA 24114**

PHONE: 276-632-2229  
E-MAIL: [cbkeesee@earthlink.net](mailto:cbkeesee@earthlink.net)  
WEBSITE: cbkeesee.com

## **APPLICATION FOR BAPTIST MINISTERIAL STUDENT GRANT DOCTOR OF MINISTRY**

### **IMPORTANT**

1. Little consideration will be given untidy, carelessly prepared applications. **KEEP A COPY FOR YOUR RECORDS.**
2. Applications must be **postmarked** on or before the deadline date.
3. **DO NOT FAX OR E-MAIL** your application as this will not meet the deadline date. You may not submit the application on-line.
4. Your application will be acknowledged within 20 days of receipt. *Should you decide to cancel your application, please notify the Fund immediately.*
5. *Submitting an application does not guarantee approval. Grants are approved at the discretion of the Board of Trustees.*
6. *Grants may be received for a maximum of 6 semesters.*
7. *The Trustees review all applications and determine eligibility.*
8. *Please notify the Fund of any change in your mailing address.*

In order to meet the residency requirements of the fund, a student must be a U.S. citizen and must have lived in the state of Virginia, North Carolina or South Carolina for a minimum of twelve months immediately prior to entering any college, seminary or school. THE TRUSTEES RESERVE THE RIGHT TO DETERMINE RESIDENCY.

The Charles B. Keese Educational Fund, Incorporated was established by Mr. & Mrs. Charles B. Keese of Martinsville, Virginia, for the purpose of aiding worthy students to obtain an education. The Fund is administered by a Board of Trustees who examine applications and determine eligibility and worthiness. Grants are made at the discretion of the Board and are subject to the conditions and policies of the Charles B. Keese Educational Fund.

**Doctor of Ministry applicants:**

- You must be a United States Citizen and
- You must be a resident of Virginia, North Carolina or South Carolina for one year immediately prior to entering any educational institution. **The Trustees reserve the right to determine residency.**
- **You must be enrolled in the Doctor of Ministry Degree program.**
- You must attend one of the following seminaries or divinity schools:
  - Baptist House of Studies at Duke University, Durham, NC
  - Baptist Theological Seminary at Richmond, Richmond, VA
  - Campbell Divinity School, Buies Creek, NC
  - Gardner-Webb Divinity School, Boiling Springs, NC
  - Gateway Seminary of the Southern Baptist Convention, Ontario, California
  - Midwestern Baptist Theological Seminary, Kansas City MO
  - New Orleans Baptist Theological Seminary, New Orleans, LA
  - Rawlings School of Divinity at Liberty University, Lynchburg, VA
  - Southeastern Baptist Theological Seminary, Wake Forest, NC
  - Southern Baptist Theological Seminary, Louisville, KY
  - Southwestern Baptist Theological Seminary, Fort Worth, TX
  - The Leland Center, Arlington, VA
- **You must already be in or preparing to enter the full-time Baptist ministry or full-time religious work in the Baptist denomination as defined on page 3.**
- **You must be an active member of a Baptist church, affiliated with a recognized national, state or local Baptist convention or association.**
- **You must be registered for classes on the main campus.**
- **You must reapply each year. Grants are available for a maximum of 6 semesters (in the DMIN program) to approved applicants.**

**Funds are disbursed directly to the seminary/or divinity school that the applicant will attend, normally in September and January.**

1) Name in full (Mr. ) (Ms. ) \_\_\_\_\_ Social Security No. \_\_\_\_\_

a) Marital Status:  married  single  divorced

b) If married, name of wife (or husband) \_\_\_\_\_

c) **Names and ages of dependent children** (if any) \_\_\_\_\_

2) Present Address \_\_\_\_\_

(Street or Box Number)

\_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

(city) (state) (zip code) Cell phone No. ( ) \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **THIS IS REQUIRED**

3) Of what State are you a resident? \_\_\_\_\_

If you are a resident of Virginia, North Carolina or South Carolina, state how many years? \_\_\_\_\_

If less than 5 years: Date moved to state: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for move \_\_\_\_\_ (Use back if needed)  
(month / year)

If less than 5 years - Previous address: \_\_\_\_\_

4) Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

( month ) ( day ) ( year )

- 5) Are you a citizen of the United States of America? \_\_\_\_\_  
**(If you are a naturalized citizen, give date you became a citizen and attach proof of citizenship.)**
- 6) Church Membership \_\_\_\_\_ (Give church name and **denomination**)
- 7) What seminary or divinity school are you attending now or have you attended in the past? \_\_\_\_\_  
 List degrees earned & date completed \_\_\_\_\_
- 8) What seminary do you expect to attend next session? \_\_\_\_\_
- 9) Will this be your first year \_\_\_\_\_ second year \_\_\_\_\_ third year \_\_\_\_\_ fourth year \_\_\_\_\_  
 When will you begin the DMIN program? \_\_\_\_\_
- 10) State complete name of the degree you will be seeking. \_\_\_\_\_ Concentration \_\_\_\_\_
- 11) Expected date of graduation \_\_\_\_\_ (month/year)
- 12) Are you engaged in or preparing for the Baptist ministry as defined below? \_\_\_\_\_ For religious work in the Baptist denomination as defined below? \_\_\_\_\_ ( Please provide details in your statement in answer to question #14.)
- 13) What specific vocational position in ministry are you preparing for in a Baptist church or Baptist institution? \_\_\_\_\_
- 14) Please give the name of your present employer and your position. \_\_\_\_\_

15) On page 4, please write a comprehensive statement about your past and present ministry in the Baptist denomination and your plans for continued ministry. **If you are already enrolled in the Doctor of Ministry program, you must attach a copy of your most recent grade transcript.** This does not have to be an official transcript. *Your application will not be considered without your grades.* A NEW STATEMENT IS REQUIRED EACH YEAR. A COPY OF A PREVIOUS STATEMENT IS NOT ACCEPTABLE.

**DEFINITION – FULL-TIME BAPTIST MINISTRY**

*Grants are made to students who are already in or preparing to enter the Baptist ministry or religious work in the Baptist denomination as defined below and are made at the discretion of the Board of Trustees. THE BOARD EXPECTS YOU TO ENTER THE FULL-TIME BAPTIST MINISTRY OR FULL-TIME BAPTIST RELIGIOUS WORK AS YOUR LIFE'S WORK AS DEFINED BELOW:*

- 1) You must be **employed and paid** by a church or an institution or agency of the Baptist denomination; and,
- 2) *Employment in the Baptist ministry or Baptist religious work is to include a major component of work specifically identified as religious work requiring formal academic preparation. Such employment could include but is not limited to preaching, pastoral duties, Minister of Music, Minister of Youth, Minister of Children, Minister of Christian Education, and missionary work.*

**I AFFIRM the correctness of the foregoing answers and, in the event a grant is made to me, I promise to use it for no other purpose than the necessary expenses of continuing my education in preparation to enter the Baptist ministry as defined above. I certify that I have read and understand the terms and conditions of this grant, and I approve and accept the requirements contained in them.**

**In making this application for aid for the session beginning \_\_\_\_\_, and ending \_\_\_\_\_, the undersigned agrees, if aid is granted, to devote his (her) best efforts to the educational opportunity afforded by this aid.**

Date \_\_\_\_\_ Signed \_\_\_\_\_  
*Signature of Applicant*

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, a recipient of a grant from the Charles B. Keesee Educational Fund, Inc. do hereby give permission to my school to release information concerning my status as a student, such as but not limited to, the number of course hours I am taking or have taken, date of my expected graduation, the grades I have achieved and any other pertinent information requested. A copy of this authorization may be accepted as an original.

Date \_\_\_\_\_ **Signed** \_\_\_\_\_ Social Security# \_\_\_\_\_  
*Signature of Applicant*

**Write a statement as requested in question #15.** Please write a comprehensive statement about your past and present ministry (please give name of your present employer) in the Baptist denomination and your plans for continued ministry A NEW STATEMENT IS REQUIRED EACH YEAR – DO NOT SEND A COPY OF A PREVIOUS STATEMENT.

**If you are already enrolled in the Doctor of Ministry program, you must attach a copy of your most recent grade transcript.** This does not have to be an official transcript.

**(If more space is needed, use an extra sheet and attach.) You are expected to provide detailed information regarding your ministry in the Baptist denomination. See definition on page 3.**