



Holy Spirit Supernatural SCHOOL OF MINISTRY

The Jalyssa Koestler Memorial Scholarship

Honoring a life by investing in the lives of others.

SCHOLARSHIP APPLICATION



1. APPLICANT INFORMATION

Full Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Current Church/Fellowship: _____

Pastor's Name: _____

How long have you been a follower of Jesus Christ? _____



2. MINISTRY EXPERIENCE

Please describe your current ministry involvement and any previous ministry experience.



3. CALLING TO MINISTRY

Why do you feel called to ministry?



4. ABOUT YOU

Why do you desire to attend Holy Spirit Supernatural School of Ministry?

How do you believe this training will help fulfill God's calling on your life?



5. WHY ARE YOU APPLYING FOR THE JALYSSA KOESTLER MEMORIAL SCHOLARSHIP?

Please share why receiving this scholarship would make a difference in your ability to pursue your education.



6. FINANCIAL NEED

Please explain your financial need.

Are you able to contribute toward tuition? ☐ Yes ☐ No

If yes, approximately how much? \$ _____



8. APPLICANT AGREEMENT

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that receiving the Jalyssa Koestler Memorial Scholarship is based on available funds and the selection committee's review.

Applicant Signature: _____

Date: _____



7. REFERENCES

Pastor/Ministry Leader

Name: _____

Phone: _____

Email: _____

Relationship to Applicant: _____

Personal Reference

Name: _____

Phone: _____

Email: _____

Relationship to Applicant: _____

OFFICE USE ONLY

Date Received: _____ Interview Completed: ☐ Yes ☐ No

Approved: ☐ Yes ☐ No Scholarship Amount Awarded: \$ _____

Committee Notes: _____

Authorized Signature: _____ Date: _____

"Commit your work to the Lord, and your plans will be established."

– Proverbs 16:3

