



CBM *embracing a broken world
through word & deed*

**PRAXIS
CANADIAN BAPTIST MINISTRIES
APPLICATION FOR GLOBAL DISCIPLESHIP SCHOLARSHIP
[applications must be received before Feb. 28th, 2023.]**

Please type or print as clearly as possible.

Your full legal name (as it appears on passport)

Mailing address _____
Street City Province Postal Code

Phone: Home _____ Work/Cell _____

E-mail _____ Date of Birth _____

Education and Ministry Skills

Highest Degree Completed _____

Institution _____

Date Conferred _____

Current Program of Studies _____

Institution _____

Date Program Began _____

Anticipated Date of Convocation _____

Describe your current academic program and purpose of studies.

Discuss your skills and gifts, experience in Christian service and involvement in the local church.

What do you consider the most interesting and significant aspect of your ministry and/or church involvement experience?

If accepted for the scholarship, what goals do you and your church and/or organization have that can only be obtained by this training?

Have you been given permission by your program advisor to apply Praxis' three credit hours to your program?

YES _____ Name of Program Advisor: _____

Date: _____ Signature of Program Advisor: _____

Languages Spoken _____

Languages Written _____

Previous International ministry experience _____

Organization _____ Dates _____

Project _____ Country _____

Ministry Involvement

Name of Church you are currently attending _____

Denomination _____

Pastor's Name _____

Church Address _____
Street City Province Postal Code

Email _____ Phone _____

Local Church Ministry Experience _____

Name of Church at which you are a member (if different from above) _____

Denomination _____

Pastor's Name _____

Church Address _____
Street City Province Postal Code

Email _____ Phone _____

Member since _____

Local Church Ministry Experience _____

References

This application requires THREE letters of reference each of which are to be sent directly to:
PRAXIS Reference Form
c/o Adrian Gardner
Canadian Baptist Ministries
7185 Millcreek Drive, Mississauga, ON L5N 5R4

We would like you to comment on the following items as part of the reference letter:

1. How do you evaluate the applicant’s understanding and commitment to mission?
2. What key strength(s) would this applicant bring to the Praxis program?
3. How would you see this applicant serving in our Canadian Baptist family having gone through the Praxis learning experience?

1. A Pastor who can best comment on your character, spiritual maturity and call to ministry:

Name _____

Address _____
Street City Province Postal Code

Email _____ Phone _____

2. A Pastor or Christian leader who has supervised you in a ministry setting:

Name _____

Address _____
Street City Province Postal Code

Email _____ Phone _____

3. A Professor in your current program of studies:

Name _____

Address _____
Street City Province Postal Code

Email _____ Phone _____

Additional items may be required to complete your application

All information disclosed in this application will remain confidential. A \$225 registration fee is charged to all Praxis participants.

Please return completed form to: Adrian Gardner, Director, Canadian Partnerships (above address or by email agardner@cbmin.org)