EFCC D.MIN. AWARD APPLICATION FORM
Trinity Western Seminary

Purpose: To help Evangelical Free Church Pastors pursue D.Min. studies at TWS/ACTS.
Criteria: Must be an Evangelical Free Church pastor enrolled in the D.Min. program.

A. STUDENT INFORMATION:

Student Name: _____ Student ID #: _____

E-mail: _____@_____ Phone: (_____)_____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Social Insurance #: _____/_____/_____ Date of Birth: _____/_____/_____
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B. PROGRAM INFORMATION:
1. Semester financial aid is being applied for: (Check one)

_____ Fall _____ Spring _____Summer _____Fall Year: _____

2. ACTS Degree Program: _____

C. EVANGELICAL FREE CHURCH COMMITMENT:

1. EFC congregation where you hold membership: _____
Name of Church

_____, _____, _____, _____
Street, **City** **Province** **Postal Code**

Phone: (_____)_____

3. Local EFC Congregation in B.C. you will attend while at ACTS (if different from above)

_____, _____
Name of Church Street

_____, _____, _____ (____)_____
City Province Postal Code Phone

Student Signature: _____Date: _____

Please fax membership/designation verification letter on church letterhead and this form to 604-513-2078 (Attention: TWS)
Questions? Email: susan.mattam@twu.ca | Telephone: 604-888-7511 (3830)