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Seminary Tuition Funding Request

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Seminary Attending: \_\_\_\_\_  
\_\_\_\_\_

MDiv       MA focus: \_\_\_\_\_       MSM

Distributed Learning       In Residence

Candidate for rostered ministry? Y / N

Which Roster?

Ordination       Diaconal Ministry       Deaconess  
 Associate in Ministry

Year of Study: 1 2 3 4 (circle one) Other \_\_\_\_\_ (explain)