

# FREE CHURCH MEMBER TUITION SUBSIDY

## APPLICATION FORM: Trinity Western Seminary

**Purpose** To encourage continuing education (part-time or full-time) for EFC members.

**Criteria** - Must be a member of an Evangelical Free Church (membership letter from church required).

- Must be enrolled in an ACTS degree program.

- Must be active in a local Evangelical Free Church while enrolled at TWS.

### A. STUDENT INFORMATION:

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  dd      mm      yy

### B. PROGRAM INFORMATION:

1. Semester/s (Please check all three semesters if you are a full-time student):

\_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring Academic 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:** (\_\_\_\_) \_\_\_\_\_

2. 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 scan and email a signed copy of the membership verification letter (on church letterhead), along with this form, to Susan Mattam at [Susan.Mattam@twu.ca](mailto:Susan.Mattam@twu.ca) | Telephone: 604-888-7511 (3830)