

Asia-Pacific Nazarene Theological Seminary

Ortigas Ave. Ext., Kaytikling, Taytay, Rizal, Philippines (632)284-3741 www.apnts.org / registrar@apnts.org



STUDENT FINANCIAL ASSISTANCE APPLICATION

Please complete the entire form. Incomplete applications may be rejected. Please print clearly. Return you completed form to the Business Office. You will be notified if you qualify for any available scholarship.

Name _____ Date _____
Family Name First Name Middle Name

Male _____ Female _____ Age _____ Marital Status: Single _____ Married _____ Widowed _____

Mailing Address _____

Phone _____ Email _____

Local church membership _____ Denomination _____

Church Address _____

Pastor's Name _____ Your position or ministry at church _____

Nationality _____ Degree being pursued at APNTS _____

Prospective Students: Term in which you plan to enroll:

First ____ Second ____ Summer ____ of Academic Year _____

Current Students: How many credits are you taking this semester? _____

This application and any attached forms must be received at APNTS in accordance with the deadlines prescribed for the financial assistance program applied for. Priority will be given to applications in order of date received. All financial aid is granted on a fund available basis. There is no guarantee that you will receive scholarship funds.

Financial assistance is focused on expanding Christ's church in developing countries of greater Asia Pacific. By accepting financial assistance it is my clear intention to minister in one of these countries following my studies at APNTS.

Signature: _____ Date: _____

Complete and sign the reverse side.

OFFICE USE ONLY

Received _____

___ Approved

GPA _____

___ Disapproved

Date Notified _____

___ Postponed

Scholarship Name _____

Assistance granted _____

Approved by _____

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FINANCIAL ASSISTANCE DISCLOSURE

Income and financial information

Non-ministerial income

Name and Address of employer last 12 months _____

Income for the last 3 months: _____; 1 year _____

Name and Address of employer of spouse: _____

Spouse's income for the last 3 months: _____; 1 year _____

Income from business or self-employment last 3 months _____; 1 year _____

Monthly assistance from relatives: _____

Monthly assistance form friends: _____

If you own a home, property, a business or have savings, please list and describe: _____

Other financial assistance: _____

Ministerial Income

Regular Monthly Salary _____; Total gifts, honorarium and offerings last 6 months _____

Monthly assistance from the church or church related groups per semester _____

Ministry history

Circle your average number of ministry hours per week for the last 6 months:

10 hours 20 hours 30 hours 40 hours

Identify your major church duties and report your average hours per week including preparation:

Preaching _____ Counseling members _____

Teaching _____ Lead Cell Groups _____

Evangelizing _____ Lead Praise/worship _____

Administration _____ Visitation _____

Other duties (list) _____

Number of years in full time church work _____ As a Pastor _____

General Considerations

List Numbers and ages of persons living in your home: _____

After completing my degree, my plans for ministry are as follows; _____

Special circumstances that may impact your application (e.g. paying for child's tuition; financial support of extended family members, etc.) _____

To the best of my ability I have fully and truthfully disclosed all information.

Signature

Date