

Asia-Pacific Nazarene Theological Seminary

Ortigas Ave. Ext., Kaytikling, Taytay, Rizal, Philippines (632) 658-5872 www.apnts.edu.ph/
registrar@apnts.edu.ph



FINANCIAL ASSISTANCE FORM For Continuing Students

DUE DATE: _____ to the Registrar's Office

STUDENT INFORMATION

Application School Year _____

Name: _____ Date: _____
Family Name First Name Middle Name

Degree Program: _____ Concentration: _____

Are there special circumstances that you would like the scholarship committee to be aware of? If so, describe:

INCOME AND FINANCIAL INFORMATION

(please report figures in Philippine pesos)

Anticipated monthly financial assistance from friends and/or family*: _____

Anticipated monthly financial assistance from the church or church related groups*: _____

Anticipated financial need per year: _____

*If you need to update your sponsorship information, please complete the form: FINANCIAL STATEMENT BY SPONSOR.
This form is available in the Central Office.

CHURCH PARTICIPATION

Ordained Date of Ordination: _____ Denomination: _____

District License District: _____

Local License Church: _____

Membership Church: _____ Denomination: _____

Regular Attendance Church: _____ Denomination: _____

APNTS COMMUNITY INVOLVEMENT

Check all that applies to your involvement in APNTS and surrounding community:

Student Body Council; SBO Elected Position: _____

Resident Assistant; Unit/Floor: _____

SBO Committee Member; Committee Name: _____

Attend Chapel (Check One) ___ Always ___ Occasionally ___ Rarely ___ Never

Attend Monday AM Prayer Meeting. (Check One) ___ Always ___ Frequently ___ Rarely ___ Never

Attend Wednesday PM Prayer Meeting. (Check One) ___ Always ___ Frequently ___ Rarely ___ Never

Campus Volunteer; Describe your volunteer service: _____

Describe your involvement in community based ministry while attending APNTS. Check all that apply.

___ SBO children's ministry; ___ compassionate ministry; ___ outreach/mission teams; ___ evangelism;

___ local church; ___ English tutor; ___ Awesome Kids ministry; ___ discipleship; ___ academic tutoring

Other involvement (describe) _____

I certify that the information given on this form is true and accurate: _____

Signature of Applicant

For Official Use Only

Registrars Report

Degree Program: _____ **Concentration:** _____

Number of Credits Completed: _____ **Credits Remaining:** _____

GPA from last semester: _____ **Cumulative GPA:** _____

Business Office Report

Current Balance: _____ **Date:** _____

Program Director Recommendation

Name:

Strongly Recommend

Recommend

No Recommendation

Rationale: