EFCC DMN. AWARD APPLICATION FORM Trinity Western Seminary

Purpose: A one-time award to help Evangelical Free Church Pastors pursue DMN. studies at TWS/ACTS.

<u>Criteria</u>: Must be an Evangelical Free Church pastor enrolled in the DMN. program.

A. STUDENT INFOR	MATION:				
Student Name:		<u> </u>	Student ID #:		
E-mail:		Phone: ()		
Street Address:					
City:		Provin	ce: Posta	al Code:	
Date of Birth:/dd	mm / yy				
B. PROGRAM INFO	RMATION:				
ACTS Degree Program:	:				
Year:					
1. EFC congregation w			Name of Church		
Street,		City	Province ,	Postal Code	
Phone: ()	none: () 2. Designate		nation:		
3. Local EFC Congrega	ntion in B.C. you will	attend while at ACTS	S (if different from	ı above)	
Name of Church			·	Street	
City	Province	Postal Code	. (_	Phone	
Student Signature:					
Date of Application:		_			