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**For Office Use Only:**

Date Rec’d: \_\_\_\_\_\_\_\_\_\_\_\_\_

□ Not Approved

Date Appr’d: \_\_\_\_\_\_\_\_\_\_\_\_

Cheque Issued: \_\_\_\_\_\_\_\_\_\_\_

**Education and Training Fund**

**APPLICATION FORM**

|  |  |
| --- | --- |
| **SCHOOL YEAR** | **2024-2025** |

ELIGIBILITY CRITERIA

The following policies determine how the *Education and Training Support Fund* will be distributed to applicants applying for financial assistance.

1. The institution where students intend to study must be reputable. In the case of a Bible College or Seminary, its value system and theological orientation must be consistent with the basic values and theology of EMMC as outlined in the *Confession of Faith.* A copy of the confession can be found online at <http://www.emmc.ca/about/confession-of-faith/> . In the case of vocational schools, studies should lead to a profession that supports the ethical standards inherent in the same confession.

2. The general formula for grants will be:

$250 for a one-year program

$500 for first and second year of multi-year program

$750 for second year of a two-year program

$750 for third year of multi-year

$1000 for final year of multi-year

$1500 in final year of Masters program

$750 for first years of multi-year PhD/Doctorate program

$1,500 for final year of multi-year PhD/Doctorate program

3. There is no guaranteethat all applicants will receive funding.

4. Students are limited to submitting **one** application for funding per school year cycle. ie: if the school year is from September to April, only one application can be submitted for that time period even though it consists of two (or more) semesters.

5. Students must demonstrate a clear purpose for their intended programs of study and be able to translate the benefits of their education into benefits for their church and/or community.

6. The Funding Award Committee will strongly encourage churches to match the funding awarded to those applying under the Church Ministry Training category.

7. Preference will be given to students taking full-time studies, however part-time studies will also be considered.

8. Awarded funds will be forwarded to the student after verification from your pastoral reference that the student is enrolled and attending classes for which the student is applying for assistance.

**EMMC ~ Education and Training Fund ~**

**PH: 204.253.7929 or email: education@emmc.ca**

**757 St. Anne’s Road, Winnipeg Manitoba CANADA R2N 4G6**

*Revised July 2024*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application Form**  (All spaces will expand with your typing, so fill in as much information as you want) | | | | | | | | | |
| **Name** | |  | | | | | | | |
| **Address** | |  | | | | | | | |
| **City** |  | | | **Province** | |  | **Postal Code** | |  |
| **Phone Number** | |  | | | | | | | |
| **Email** | |  | | | | | | | |
| **Home Church** | | |  | | | | | | |
| **Are you a member?** | | | Yes  No | | **Gender** | | |  | |
| **Name of Pastor** | | |  | | **Pastor Phone** | | |  | |
| **I am applying for assistance to attend**: | | | | | | | | | |
| **The Program of Studies is:** | | | | | | | | | |
| **What is your year of study?**       year / month program ie: (year 1 of 3) | | | | | | | | | |
| ***Please attach correspondence from the institution indicating that you have been accepted to the program. Please attach a letter from your PASTOR or MEMBER OF CHURCH LEADERSHIP that indicates their knowledge and support of you attending the indicated institution.***  **Upon approval of funding support, please:**   * Send cheque to above address or (provide alternate address) * Make cheque payable to above individual | | | | | | | | | |
| **Social Insurance Number**: | | | | | | | | | |
| **Community / Ministry Involvements.**  *Tell us a little about your past or current community or church involvement.* | | | | | | | | | |
| **Future Community / Ministry Involvements.**  *Tell us how you would like to be involved in your community or church in the future, and how your education can have an impact on this involvement.* | | | | | | | | | |
| **Faith Journey**  *Tell us about your faith journey*.  **Do you need an internship?** If so, please say how we may help. | | | | | | | | | |

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Date of Application Signature of Applicant

**Note:** All information given on this application form will be treated confidentially. All applicants will receive correspondence advising whether their application has been accepted or not.

**Please save a copy of this form to your computer.**

Fill it out and return completed application to:

EMMC ~ Education and Training Fund ~

Ph: 204.253.7929 or email: education@emmc.ca

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