



MB Seminary ONLINE COURSE SUBSIDY APPLICATION FORM

Thank you for your application to Mennonite Brethren Biblical Seminary Canada (hence forth, MB Seminary). This application is to receive a subsidy towards MB Seminary online courses distributed through our campuses at Langley (TWU) or Winnipeg (CMU) ONLY.

It is our desire to enable all students who attend MB Seminary to receive quality graduate theological education and be equipped to reach Canada and the world for Christ. With generous donations from donors within the Canadian Mennonite Brethren constituency, it is our goal to provide funding that recognizes academic excellence and/or financial need. All applications will be given serious consideration.

Applications are due on **August 30** for the Fall semester (September-December) and **December 15** for the Winter semester (January-April). **Please include a copy of the course registration from the campus you will be enrolling at.** Funds will be applied directly to student accounts.

Eligibility criteria are as follows:

- Meet admissions requirements at the Langley or Winnipeg campus;
- Enrolled as a MB Seminary student at the Langley or Winnipeg campus;
- Maintain the GPA applicable for your course (minimum 2.5);
- Be a member of a Mennonite Brethren church in Canada for at least 6 months prior to the date of the application.

Date of Application: _____

A. PERSONAL INFORMATION

Student ID:	
Name	
Permanent Address	
Mailing Address (if different from above)	
Phone	
Email Address	

Social Insurance Number	
Church Affiliation	Name & Denomination: _____ Status: <input type="checkbox"/> Member <input type="checkbox"/> Regular Attendee Pastor's Name: _____
Course Registration Information	Location: <input type="checkbox"/> ACTS Seminaries <input type="checkbox"/> CMU Semester: <input type="checkbox"/> Fall (Sept-Dec) <input type="checkbox"/> Winter (Jan-Apr) _____ Course: _____ Are you enrolled in a degree program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify program: _____

B. RELEASE OF THIS APPLICATION (Please print completed form and sign below.)

I HEREBY GRANT PERMISSION FOR THIS PROFILE AND ALL RELATED INFORMATION TO BE RELEASED TO MBBS CANADA AND ITS PARTNERS. I CERTIFY THE TRUTHFULNESS OF ALL THE INFORMATION IN THIS APPLICATION.

Date: _____

Signature: _____

Please return to:
MB Seminary Reception
Fosmark Centre (2nd Floor)
7600 Glover Road
Langley, BC V2Y 1Y1

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TF: 1 (855) 252-3293
E: langley@mbseminary.ca