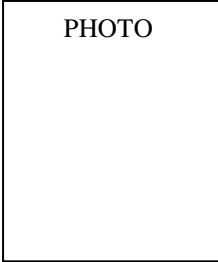


**APPLICATION FOR THEOLOGICAL EDUCATION BURSARY**

**GENERAL INFORMATION**



1. Name: \_\_\_\_\_ (\_\_\_\_\_)
 

|         |       |        |         |
|---------|-------|--------|---------|
| Surname | First | Middle | Chinese |
|---------|-------|--------|---------|
2. Home Address: \_\_\_\_\_
 

|      |          |             |
|------|----------|-------------|
| City | Province | Postal Code |
|------|----------|-------------|
3. Phone No.: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_
4. Social Insurance No.: \_\_\_\_\_
5. Email Address: \_\_\_\_\_
6. Gender: Male  Female
7. Country of Birth: \_\_\_\_\_
8. Citizenship: \_\_\_\_\_
9. Church Affiliation:
 

Date of Baptism: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_

ACEM Church Membership Yes  No  Date Membership began: \_\_\_\_\_

Current Church: \_\_\_\_\_ Fellowship/Cell Group Attended: \_\_\_\_\_
10. Name of the Theological Institution \_\_\_\_\_
11. Name of Program/Course \_\_\_\_\_
12. The start and end dates of your study this year? From \_\_\_\_\_ to \_\_\_\_\_

**EDUCATIONAL BACKGROUND** (*Indicate educational institutions attended, post-secondary and above*).

| Name of Institution | Years of Attendance | Certificate or Degree Earned |
|---------------------|---------------------|------------------------------|
|                     |                     |                              |
|                     |                     |                              |

**CHRISTIAN EXPERIENCE:**

For first time applicant only. Please type the answer on separate sheets of paper and attach them with the completed application form. Use the language that you feel most comfortable.

- Your testimony of conversion, including indication of change after conversion (at least 250 words)

**Present & Past Ministry Experience/Involvement** - Please check (√) and specify all that apply to you.

| Ministry                     | Past | Present | Specifications: the kinds of training; nature of involvement and duration |
|------------------------------|------|---------|---|
| <b>EVANGELISM</b>            |      |         |   |
| Church Planting              |      |         |   |
| Evangelism/Missions Training |      |         |   |
| Evangelistic Event           |      |         |   |
| Community Outreach           |      |         |   |
| <b>DISCIPLESHIP</b>          |      |         |   |
| Discipleship Training        |      |         |   |
| Mentorship/Internship        |      |         |   |
| Sunday School                |      |         |   |
| Children Ministry            |      |         |   |
| Men's Ministry               |      |         |   |
| Senior Ministry              |      |         |   |
| Women's Ministry             |      |         |   |
| Youth Ministry               |      |         |   |
| Fellowships                  |      |         |   |
| Small Groups                 |      |         |   |
| <b>CARING</b>                |      |         |   |
| Visitation                   |      |         |   |
| Counselling                  |      |         |   |
| <b>MUSIC</b>                 |      |         |   |
| Worship Team/Choir           |      |         |   |
| <b>OTHERS</b>                |      |         |   |
|                              |      |         |   |
|                              |      |         |   |

**DECLARATION**

1. I declared that I have answered all questions truthfully and accurately to the best of my knowledge.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Remarks:**

1. Please return the completed form to the ACEM office at least **TWO (2)** weeks prior to the commencement of the course.
2. The applicant is required to submit proof of **satisfactory completion** of the course to the ACEM office for reimbursement.
3. You will receive a **T-4A** on the amount of the bursary for income tax purposes.

**PASTOR'S ENDORSEMENT**

Name of Applicant: \_\_\_\_\_

Pastor providing the endorsement:

Name: \_\_\_\_\_

Position at Church: \_\_\_\_\_

1. Please comment the applicant in the following areas: (1 = low, 5 = high)

|              |   |   |   |   |   |
|--------------|---|---|---|---|---|
| Faithfulness | 1 | 2 | 3 | 4 | 5 |
| Humility     | 1 | 2 | 3 | 4 | 5 |
| Integrity    | 1 | 2 | 3 | 4 | 5 |
| Leadership   | 1 | 2 | 3 | 4 | 5 |
| Maturity     | 1 | 2 | 3 | 4 | 5 |
| Servanthood  | 1 | 2 | 3 | 4 | 5 |
| Teachability | 1 | 2 | 3 | 4 | 5 |
| Team Spirit  | 1 | 2 | 3 | 4 | 5 |

**Pastor's Comment:**

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I endorse the applicant's application for ACEM's bursary to support his/her part-time theological education.

Yes [ ]      No [ ]

**Signature of Pastor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR OFFICE USE:**

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Amount Approved \_\_\_\_\_

Cheque No. \_\_\_\_\_ Date of Issue \_\_\_\_\_ Budget Item Code No. **804**

**Effective Date:** All application after **January, 2017**