



Ministry Children Scholarship Application

Applicant Information

Name of Applicant: _____ Date of Birth: _____

Name of Parents: _____

Ministry Organization: _____

Ministry Involvement Information (To be completed by official of mission organization)

Mission official: Please complete and mail to: Nipawin Bible College Box 1986 Nipawin, SK S0E 1E0
Use other side for additional explanation if needed.

Official Status of Applicant's Parents: _____

Is this a full time position? ___Yes___No If no, please explain: _____

If no, indicate average time involvement in ministry work: _____

Means of financial support: _____

Years of Ministry Service: _____

Ministry Title and Responsibilities: _____

Section completed by: _____ Phone: _____

Official title: _____

Signature of Ministry Official: _____ Date: _____

Comments: _____

OFFICE USE
