



## MBBS CANADA FINANCIAL AID APPLICATION FORM

Thank you for your application to Mennonite Brethren Biblical Seminary Canada (hence forth, MBBS Canada). This application is to receive financial aid from MBBS Canada ONLY. This application is independent from

- a) CCMBC Leadership Training Matching Grant
- b) Awards given by the ACTS consortium in Langley
- c) Awards given by Canadian Mennonite University in Winnipeg

It is our desire to enable all students who attend MBBS Canada 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. The information you provide assists us in being good stewards of scholarship, bursary and endowment funds.

Financial aid applications are due on **June 1** in order to be considered for the upcoming academic year. Funds awarded are divided between the Fall and Spring semester within the academic year and will be applied directly to student accounts.

When allocating funds, new and returning full-time students (**9 or more semester hours**) will be given preference over part-time students. Funds may be available for new and returning part-time students (**minimum 6 semester hours**) as well. Requests will be processed in the order in which they were received.

Eligibility criteria are as follows:

- Enrolled in a degree program;
- Maintain the GPA applicable for your program (minimum 2.5);
- Be a member of or attending an MB church in Canada for at least 6 months prior to the date of the application\*;
- If possible, be involved in volunteer or paid ministry in your local church or Christian organization/agency.

\*Applications from students who are assigned to MBBS Canada but are not members of or attending an MB church will also be considered.

Date of Application: \_\_\_\_\_

**A. PERSONAL INFORMATION**

Name and Student ID	
Permanent Address	
Mailing Address (if different from above)	
Phone	
Email Address	
Date of Birth	
Social Insurance Number	
Citizenship	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced Name of Spouse:
No. of Dependents (under 18)	
Church Affiliation	Name & Denomination: Status: <input type="checkbox"/> Member <input type="checkbox"/> Regular Attendee
Church Contact	Pastor's Name: Phone: Email: Mailing Address:



3. Please share with us how seminary studies have impacted or will impact your spiritual life and how you anticipate they will prepare you for future ministry. (max 250 words)
  
4. How long do you anticipate it will take you to complete your degree? Will you be studying full or part-time?
  
5. How do you plan to finance your seminary education (church, family, employment, savings, or other)?

**C. RELEASE OF THIS PROFILE (Please print completed form and sign below.)**

I HEREBY GRANT PERMISSION FOR THIS PROFILE AND ALL RELATED INFORMATION TO BE RELEASED TO THE FINANCIAL AID COMMITTEE AT MBBS CANADA. I CERTIFY THE TRUTHFULNESS OF ALL THE INFORMATION IN THIS PROFILE.

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

Signature: \_\_\_\_\_

**Please return to:  
Financial Aid Officer  
MBBS Canada  
7600 Glover Road  
Langley, BC  
V2Y 1Y1**

**P: 604 513-2133**

**E: langley@mbseminary.ca**