

Northwest Baptist Seminary

Student Financial Assistance Application

Personal Information: Student ID#: _____

Last Name: _____ First Name: _____

Address: _____

City/Province: _____ Postal Code: _____

Phone Number: (____) _____ Email Address: _____

Social Insurance Number: _____ Date of Birth: ____/____/____
dd mm yy

Program Information:

This application is for the following semester:

Fall Spring Summer Year: _____
Sept – Dec Jan – April June - August

Program Name: _____

You are requesting Financial Aid under:

Fellowship Leadership Matching Grant

- or -

Northwest Baptist Seminary Financial Aid

Seminary: _____ Credit hours for semester: _____

Fellowship Baptist Church Currently Attending: _____

Have you been a member of this church for 4 months? Yes No

Area that you are currently ministering in within church: _____

Student's Signature: _____ Date: _____

If you have any questions, please contact us at:

Northwest Baptist Seminary, 7600 Glover Rd. Langley, BC V2Y 1Y1
Phone number: (604) 888-7592 Fax: (604) 513-8511
Email address: nbs@twu.ca Web: www.nbseminary.com