

Fellowship Leadership Matching Grant Letter of Intent

Student: _____

Program Name: _____

Estimated Cost to Complete Program: _____

Church Name and Address: _____

Phone Number: _____

Email: _____

Contact Person: _____

By signing below, the student, their church and Northwest indicate their intention to participate in equal three-way cost sharing of the student's tuition for the duration of the time required to complete the program. The student acknowledges that he or she must maintain program G.P.A. stipulations. Should any party find themselves unable to meet this commitment, this agreement becomes void.

Signatures:

Student: _____ **Date:** _____

Dr. Kent Anderson _____ **Date:** _____
On behalf of Northwest Baptist Seminary

Church Representative: _____ **Date:** _____
On behalf of _____

Please Print Name & Title of Church Representative: _____