



**Linden Mennonite  
Brethren Church**  
AUTHENTIC RELATIONSHIP  
WITH GOD AND PEOPLE

# Christian Higher Education Fund Application

*As a community of faith, Linden MB Church would like to be intentional in our support of young men and women who desire to be grounded in the Word of God, for more effective service in all of life. The Christian Higher Education Fund was set up to provide financial help to students from our community who desire to attend a Bible College or Christian University. As a community of faith we are committed to encourage and to support our young people in their desire to live Christ-centered lives.*

| PERSONAL IDENTIFICATION                |  |
|--|--|
| FAMILY NAME:                           | GIVEN NAME:  |
| YOUR AGE:                              | IF UNDER 21,<br>NAME OF<br>PARENTS:  |
| LOCAL MAILING<br>ADDRESS:              |  |
| WHAT SCHOOL HAVE<br>YOU APPLIED TO?    | PLANNED YEAR<br>OF STUDY: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> _____ |
| HAVE YOU BEEN<br>ACCEPTED?             | GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE  |
| TELEPHONE:                             | E-MAIL:  |
| WHEN DOES THE<br>SCHOOL YEAR<br>START? | WHEN DOES THE<br>SCHOOL YEAR<br>END?   |

**THE AMOUNT OF SUPPORT PROVIDED WILL DEPEND ON THE NUMBER OF APPLICANTS AND THE FUNDS AVAILABLE. EACH QUALIFYING STUDENT WILL RECEIVE UP TO \$ 1,000.00 PER YEAR IN THEIR ACCOUNT AT THE CHRISTIAN INSTITUTION OF THEIR CHOICE. STUDENTS MUST BE REGISTERED PRIOR TO RECEIVING A BURSARY.**

**PLEASE PROVIDE BASIC CONTACT INFORMATION FOR THREE REFERENCES OF PEOPLE WHO SUPPORT YOUR APPLICATION (ONE MUST INCLUDE YOUR PASTOR).**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

(over)

**PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:**

- 1. A BRIEF (1/2 PAGE) SUMMARY OF YOUR RELATIONSHIP TO JESUS CHRIST AND WHAT HE MEANS TO YOU.**
- 2. BRIEFLY STATE WHY YOU CHOSE TO APPLY TO THE PARTICULAR CHRISTIAN SCHOOL OF YOUR CHOICE.**
- 3. HOW DOES THIS FIT WITH YOUR LONG-RANGE PLANS?**
- 4. BRIEFLY STATE YOUR UNDERSTANDING OF GOD'S CALLING ON A PERSON'S LIFE AND HOW YOU GO ABOUT DISCERNING THAT IN YOUR OWN LIFE.**
- 5. IF YOU HAVE RECEIVED SUPPORT FROM THIS FUND BEFORE, PLEASE ATTACH A REPORT INDICATING YOUR ACADEMIC PROGRESS TO DATE.**

**BY SUBMITTING THIS APPLICATION I AM AGREEING TO FULFILL MY OBLIGATIONS AT SCHOOL TO THE BEST OF MY ABILITY AND LIVE A LIFE HONORING TO CHRIST.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**AS A MISSION TEAM WE WANT TO SUPPORT YOU THROUGH PRAYER AND ENCOURAGEMENT. WE WILL BE IN CONTACT AND AVAILABLE TO YOU THROUGHOUT THE YEAR.**

**DEADLINE**

- 1. IF FUNDS ARE REQUIRED FOR THE FALL TERM (SEPT – DEC), SUBMIT YOUR APPLICATION PRIOR TO JUNE 1<sup>ST</sup>, OR AS SOON AS POSSIBLE.**
- 2. IF FUNDS ARE REQUIRED FOR THE SPRING TERM (JAN – APRIL), SUBMIT YOUR APPLICATION PRIOR TO OCTOBER 1<sup>ST</sup>, OR AS SOON AS POSSIBLE.**
- 3. FOR TERMS OTHER THAN THE ABOVE, SUBMIT YOUR APPLICATION AT LEAST TWO MONTHS PRIOR TO THE DATE REQUIRED.**

**PLEASE RETURN FULLY COMPLETED APPLICATION TO THE MISSIONS TEAM.**

**YOU MAY SUBMIT YOUR FORM IN ONE OF THREE WAYS:**

**-DROP OFF THE FORM AT THE CHURCH OFFICE**

**-PLACE THE FORM IN THE MAILBOX OF THE CHAIR OF THE MISSIONS TEAM (CURRENTLY KATHY THIESSEN)**

**-MAIL TO LINDEN MB CHURCH, ATTENTION: MISSIONS TEAM, BOX 92, LINDEN, AB, T0M 1J0**

**ALL STUDENTS WILL BE NOTIFIED OF THE OUTCOME OF THEIR BURSARY APPLICATION.**