

May, 2010

**Northwest Baptist Seminary**  
**Financial Aid Policy**

**Northwest General Financial Aid**

1. Fellowship Baptist students who are not on the matching grant program, if they are enrolled minimally for 3 semester hours of credit in a semester, will receive, upon application and if they meet the academic criteria, a set amount per semester. That amount will be set annually by NBS and will fluctuate depending upon funds available. It may be that in some years no funding will be available.
2. Students who do not have membership in a Fellowship Baptist church may apply for financial aid. If NBS determines that it has funding to assist, then this will be offered as a set amount per semester. That amount will be set annually by NBS and will fluctuate depending upon funds available. It may be that in some years no funding will be available.
3. Please note that students will be advised if they will be receiving any funding and the amount after add/drop deadline. Funds will then be submitted for deposit to the student's account.

**Application For NBS Financial Aid**

Application can be made at any time to Dianne Gleave in the NBS office. Please fill out the attached Student Financial Assistance Application form and mail it in or email it to [dianne@nbseminary.ca](mailto:dianne@nbseminary.ca)

**Acknowledgement of Funds**

The student is required to acknowledge receipt of funds by means of a thank-you letter to the donor each semester. NBS will provide the necessary information to the student. Any student failing to submit the letter will be considered in breach of the agreement and will not qualify for funding in the following semester. Contact Dianne Gleave [dianne@nbseminary.ca](mailto:dianne@nbseminary.ca) for details.

May, 2010

# 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      May - August

Program Name: \_\_\_\_\_

You are requesting Financial Aid under:

- Fellowship Leadership Matching Grant  
- or -  
 Northwest Baptist Seminary Financial Aid

Credit hours for semester: \_\_\_\_\_

Are you receiving other financial aid?    Yes                      No                      Amount \_\_\_\_\_

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) 637-3212  
Email address: dianne@nbseminary.ca    Web: www.nbseminary.ca