

5350 Broadmoor Circle NW  
Canton, OH 44709



330-493-1660  
800-334-8863

Dear Applicant,

The EFC-ER Ministerial Tuition Assistance Program has been established to assist current or future Christian ministry candidates in financing their education as they seek to serve the Lord Jesus Christ with greater excellence.

This packet contains:

- Ministerial Tuition Assistance Program Policies
- Ministerial Tuition Assistance Program Application

Please carefully read this entire packet and keep one copy for your records.

Return the signed policies form, completed application, and verification of enrollment to the Evangelical Friends Headquarters by April 1:

Evangelical Friends Church – Eastern Region  
c/o Julia McDonald  
5350 Broadmoor Circle NW  
Canton, OH 44709

If you have any questions, please contact the Leadership Development Director at the Evangelical Friends Headquarters at (330) 493-1660.

Blessings,

EFC-ER Leadership Development Team

## **Evangelical Friends Church – Eastern Region Ministerial Tuition Assistance Program Policies**

1. Individuals currently serving in an EFC-ER ministry/church are eligible to receive tuition assistance.
2. Candidates shall be Christians who are growing spiritually and display the aptitude and temperament for ministry.
3. Candidates shall be students preparing for full-time Christian ministry.
4. Candidates shall declare their intent to serve in the ministry with EFC-ER.
5. Funds shall come from the Leadership Development Team budget.
6. The maximum an individual can receive over a period of five years is \$6,000, unless a special exception is granted.
7. Funds will be awarded in the amount of \$750 per semester up to \$1,500 per fiscal year for every year of service in EFC-ER (including prior years).
8. For every one year an individual serves in EFC-ER, \$1,500 of the loan will be canceled, beginning upon completion of the degree. Review is possible under special circumstances.
9. If an individual chooses not to go into ministry with EFC-ER, or should an individual not be chosen for ministry by an EFC-ER church, the loans shall be repaid on a schedule to which both parties agree.
10. Priority will be given to individuals pursuing Master's and/or doctorate degrees.
11. The Leadership Development Team will be free to indicate school preferences; schools of evangelical and holiness emphasis will be preferred.
12. The deadline for all applications is April 1.
13. Acceptance of applications will be based upon need, course load, and grades.
14. Approved applicants will need to send proof of enrollment for each subsequent semester before funds are released to ensure that you are still in school. Please allow up to two weeks for processing.

I am applying for EFC-ER Ministerial Tuition Assistance. It is my intent to serve in EFC-ER should the way open on the completion of my academic training. I agree to the Ministerial Tuition Assistance policies as stated above.

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

**EFC – ER Ministerial Tuition Assistance Program Application**  
**Application Deadline: April 1**

\_\_\_\_\_ First-Time Application

\_\_\_\_\_ Renewal Application

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

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Church: \_\_\_\_\_

Ministry Role/ Position(s): \_\_\_\_\_

Years of Ministry with EFC-ER: \_\_\_\_\_ Do you have a college degree? \_\_\_ Yes \_\_\_ No

List your degree and major: \_\_\_\_\_

Which area of full-time Christian ministry do you plan to study? \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

Instructions for sending the funds to your school? \_\_\_\_\_

For which semester are you applying to receive scholarship:

*Scholarships are awarded in amounts of \$750 per semester up to \$1,500 per fiscal year.*

Fall \_\_\_\_\_ (Year)     Spring \_\_\_\_\_ (Year)     Summer \_\_\_\_\_ (Year)

Have you ever received EFC-ER tuition assistance/ scholarship?    \_\_\_ Yes \_\_\_ No

If yes, how much EFC-ER tuition assistance have you received to date? \_\_\_\_\_

**Please list two people who we can contact as references for you. Please list at least one individual from your home church.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please use the reverse side or a separate sheet to briefly describe your relationship to Jesus Christ and your desire to serve Him in ministry.**

**Please attach your Enrollment Verification Letter or a copy of your scheduled classes.**

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[Office Use Only] Approved: \_\_\_\_\_ Date: \_\_\_\_\_