

**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.**

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