

APPLICATION FORM CNBC Dependents Tuition Benefit

For dependents of people in official staff positions within the CNBC (incl. churches and CSBS&C)

To be eligible for this tuition benefit, a student must be a dependent of a person who either currently is or in the past was in an official ministerial staff position within the CNBC (including CNBC churches) or an official staff position at CSBS&C.

The student must be fully admitted to an undergraduate or graduate program of CSBS&C by the age of 30 and is expected to demonstrate consistency in academic studies (minimum cumulative GPA of 2.3).

The amount of this tuition benefit is based on the years of service accomplished by the student's parent(s) within the CNBC to a maximum of 50% of the regular tuition (fees are not included).

Application Deadline: see CSBS&C website

Upon approval of this application the student will receive a tuition benefit of tuition (fees are not included) for one school year only. The student will be responsible to re-apply for this tuition benefit for each new school year.

Please be aware that recipients of this tuition benefit will not be eligible to receive any other scholarships or tuition benefits available at CSBS&C.

Student Na	me:		Phone:		
	me:(Surname)	(First)	(Middle initial)		
Address:	(Street or Postal box)	()	City)	(Province/State) (Postal code/ZIP)	
Email: _					
Social Insurance Number (SIN):			Birth Date:		
Citizenship	: 🗖 Canadian 🗖 Permanen	t Resident 🗖 St	cudent Visa 🗖 Other		
CSBS&C Program of Study:			Month/Year of admission to this program:		
Number of Credit Hours earned at CSBS&C:			Cumulative GPA:		
Number	of Credit Hours enrolled in t	his semester: _			

Student Name:(Surname)	(First)	(Middle initial)				
Please provide the following inforwithin the CNBC including CNBC of	rmation for your par		ff positions			
within the CNBC or were holding	g an official staff pos		were in ministry			
Name of parent (1):						
Name of church or organization, Town/Province	Position	Period: Month/Year to Month/Year	Weekly hours in this position			
Name of parent (2):						
Name of church or organization, Town/Province	Position	Period: Month/Year to Month/Year	Weekly hours in this position			
Total years of service:						
Student Signa	ture	Date	Date			
	Scholarship Con	nmittee Action				
Total years of service:						
□ Approved for Tuition Benefit: \$ /credit hour Date Posted:						
☐ Not Approved for Tuition Benefit						
Comments:						
Date:	Signature	Signature	Signature			

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