



an evangelical seminary in the Anglican tradition

Please use this space to explain any special financial circumstances that you anticipate for the upcoming academic year. Attach additional sheets if necessary.

Certification: I hereby certify that the information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that this information is used to determine my eligibility for a Doctor of Ministry scholarship. I agree to notify the Director of Financial Aid immediately of any additional outside resources that I may receive.

Student's signature _____
Date

Please mail, fax, or email your signed application to the Director of Financial Aid, Stacey Williard (swilliard@tsm.edu).

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Funding source _____ Percentage _____

Signature _____ Date _____
Doctor of Ministry Program Dean