



First Evangelical Church Association
羅省基督教會聯會

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APPLICATION FOR FINANCIAL AID TO SEMINARIANS

Please type or print clearly.

1. PERSONAL INFORMATION

Date _____

Name: _____ (English) _____ (Chinese)

Address (Current): _____

Address (Permanent): _____

Tel. #: _____ (Home) _____ (Work)

Pager / Fax #: _____ E-mail address: _____

Gender: Male / Female Date of Birth: _____

Marital status: Single / Married / Divorced / Widowed

If married, name of spouse: _____ Number of children: _____

Church membership: _____ Date Joined: _____ Date Baptized: _____

Congregation: _____ Fellowship: _____

Number of years attending the current church: _____

Are you a church member at the current church? _____

If not, which is your member church? _____ How long? _____

Are you a U.S. citizen? _____

2. MINISTRY EXPERIENCE

Instruction:

Please answer the following questions as clearly and detailed as possible. You may submit a handwritten or typed answer sheet (preferably typed). **Make sure you write or type out each question, not just the question number.** Mail your answer sheet with this application form.

- A) Share briefly when and how you became a Christian.
- B) Share how you received the call to full-time ministry and what kind of confirmation you have received.
- C) The Financial Aid to Seminarians is for the purpose of supporting those who are preparing to be pastors or missionaries. How is your calling consistent with our purpose? Please comment and elaborate.
- D) Share about your personal devotion time, especially your prayer life.
- E) What kind of spiritual gifts and talents do you think you have?
- F) What areas or weaknesses in your life do you see you need growth and improvement?
- G) What kind of ministry experience do you have (church or elsewhere)?

3. EDUCATIONAL BACKGROUND (please list all schools attended after high school) :

Name of School	Degree	Major	Graduation Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. EMPLOYMENT EXPERIENCE (list most recent ones)

Employer	Position Held (full-time/part-time)	Date of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. RECOMMENDATIONS

Please ask two people to fill in the attached recommendation forms (one must be from your congregational pastor, one from your past or current employer if you have worked before or are currently working). Each individual form should be returned to you in a sealed envelope with recommender's signature across the seal. **Recommendation form will be considered invalid if the seal is broken.**

6. OTHER INFORMATION

A) What degree are you pursuing? Is this your first theological degree? _____

B) Which school will you be applying or are you attending right now? _____

Please attach information on the school you will be applying, the program(s) you are interested in, and also an itemized financial summary for the first year or the duration of your scholarship period.

Please return this application form, all answer sheets, the two sealed recommendation forms and a recent photo to:

**Chairperson of the Association Mission Committee
2617 W. Beverly Blvd.,
Montebello, CA 90640, USA**

FIRST EVANGELICAL CHURCH ASSOCIATION

APPLICATION FOR FINANCIAL AID TO SEMINARIANS

Applicant _____ Period from _____ to _____

EXPENSES (based on a nine-month school year)

Category	Estimate Cost	Office Use
Tuition		
Fees		
Books / Education supplies		
Housing (include gas, electricity, and water)		
Telephone		
Food		
Clothing, laundry, cleaning		
Recreation		
Vehicles (Make & Year)		
A) Payment		
B) License & Insurance		
C) Operating costs (miles/yr.) for: employment & Practicum _____ commuting _____ other essential use _____ Total above miles and multiply by \$.15 for standard, \$.13 for compact, \$.10 for foreign compact		
D) Anticipated major repairs		
Health Insurance (basic coverage REQUIRED)		
Medical and Dental not covered by insurance		
Life Insurance		
Child Care (if ongoing, please document)		
Other or unusual expenses (please specify)		
TOTAL ESTIMATED EXPENSES		
TOTAL ESTIMATED RESOURCES		
REMAINING NEED		

Reviewed and verified by: _____

Date: _____

*** On a separate sheet, please give explanation to any unusual or exceptional expenses listed above.**

INCOME

A) Please list all the source of income you will receive during your time of study (scholarship, grant, other student loans, employment, friends/family support, saving utilized etc.)

Source	Amount

B) Financial Status

Balance

Total Savings account -----	_____
Total Checking account -----	_____
Other assets ----- (stocks, retirement plans, bonds, properties, and other investments)	_____
Total credit card balance -----	_____
Number of credit card you have -----	_____
Other loan you carry -----	_____
Mortgage you carry -----	_____

C) Please submit a copy of your last year's Federal Tax Return.

I would like to request a support of \$_____ (enter total amount for an academic year) from the Financial Aid Committee.

INDIVIDUAL RESPONSIBILITY

Your signature is required designating a clear understanding and consent to abide by the decision or recommendation of the Association Mission Committee.

Signature of Applicant

Date

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