

Name of Nipawin Bible College Ministry Children Scholarship Applicant:

Ministry Information (to be completed by official of ministry organization and forwarded to Nipawin Bible College)

Ministry official: Please complete and forward to Nipawin Bible College using information at bottom of page. Use other side for additional explanation if needed.

Official Status of Applicant's Parents: _____

Is this a full time position? ___Yes___No If no, please explain:

If no, indicate average time involvement in ministry work: _____

Means of financial support: _____

Years of Ministry Service: _____

Ministry Title and Responsibilities: _____

This section completed by: _____ Phone: _____

Your Official title: _____

Your signature: _____ Date: _____

Please send form to: mail **Nipawin Bible College – Admissions**
Box 1986 Nipawin, SK SOE 1E0

or fax **306.862.3651 Attn: NBC Admissions**

or email **admissions@nipawin.org**

