## Duchess Mennonite Church

Student Financial Aid Application

Application Deadline: July 31

Duchess Mennonite Church 204 3rd St E Box 298 Duchess, AB TOJ 0Z0

Phone: 403-378-4966 E-mail: office@duchessmennonite.ca Duchess Mennonite Church

Council of Elders

## Grant Information School/College/Seminary: [Name and Address] Duration of Training: Course Outline: \_\_\_\_\_ Anticipated Church Involvement Following Completion: Grant Amount Requested [annual]: Signed:

## Applicant Information

11	Name:			
Current Ac	ldress:			
Telephone	Number:			
Applicant's	Date of Birth:			
пррисант в	Date of Diffi.	Month		
		Month	Day	i cai
Applicant's	S.I.N.:			
Education	History:			
Secondary	Education [Cir	rcle		
Highest	Grade Complet	red]: 8	9 10	11 12
Post-Seco	ndary Educatio	n Comple	ted [descr	ribe]:
Reason for	Pursuing this: _			