

Church Matching Grant Application 2010-11 Academic Year

Personal Information:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ (Home)

Phone: _____ (cell)

Phone: _____ (work)

Email: _____



I hereby confirm that I am enrolled as a student at RPTS and have been accepted into the _____ program.*

My congregation has agreed to pay the following amount of my tuition each quarter for this academic year:

Amount to be Paid by my Congregation: \$ _____ / fall quarter
Amount to be Paid by my Congregation: \$ _____ / winter quarter
Amount to be Paid by my Congregation: \$ _____ / spring quarter

Payment is due at the following times: Fall quarter due September 6, 2010
(unless special arrangements are made in Winter tuition due November 29, 2010
advance with the President of RPTS) Spring tuition due March 7, 2011

Name of Congregation: _____ Phone: _____

Print the name of the Church Official Responsible: _____

Signature of Church Official: _____

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