

2021 EDUCATIONAL INSTITUTION CONFIRMATION

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SUBMIT A COMPLETED CONFIRMATION FORM TWICE:

**BY FEB 15 FOR WINTER SEMESTER COURSES AND
BY OCT 15 FOR SUMMER AND/OR FALL SEMESTER COURSES**

SECTION ONE – TO BE COMPLETED BY THE STUDENT

Name: _____
Address: _____
Telephone: _____ Email: _____
Date of Birth: _____ SIN: _____ - _____ - _____
(mm/dd/2021)

SECTION TWO – TO BE COMPLETED BY EDUCATIONAL INSTITUTION AFTER CLASSES HAVE BEGUN

Name of Education Institution: _____
Term Student is Enrolled for: Fall Winter Summer Distance Ed/Online
First day of studies for this semester: _____ (mm/dd/2021)
Last day of studies for this semester: _____ (mm/dd/2021)
Total number of courses taken this semester: _____
Total number of credit hours taken this semester: _____
 Undergraduate Graduate (Masters/Seminary) Post Graduate (Doctorate)
Total Amount of Tuition Costs for this semester: \$ _____ (tuition costs only)
Name of Authorized Person (please print): _____
Title of Authorized Person: _____
Signature: _____
Date: _____ Contact number: _____
(mm/dd/2021)
Contact email: _____
(please print)

Scan and email (preferred) to Jenn Cornwall: jennifer.cornwall@fmcic.ca /

OR fax to: 905-848-2603 /

OR mail to: Leadership Scholarship Plan - The Free Methodist Church in Canada
4315 Village Centre Court, Mississauga, ON L4Z 1S2