**2024 EDUCATIONAL INSTITUTION CONFIRMATION**

**4**

**SUBMIT A COMPLETED CONFIRMATION FORM TWICE:**

*by February 15 for courses starting between Jan 1 – Feb 15,*

*by October 15 for courses starting between Feb 16-October 15*

***SECTION ONE – TO BE COMPLETED BY THE STUDENT***

Legal Name:

Address:

Telephone: Email:

Date of Birth: SIN: - -

(mm/dd/yyyy)

***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/2024)

Last day of studies for this semester: (mm/dd/2024)

Course names or codes:

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/2024)

Contact email:

(please print)

Scan and email (preferred) to Jenn Cornwall: [credentialing@fmcic.ca](mailto:credentialing@fmcic.ca)

OR fax to: 905-848-2603 / OR mail to:

Leadership Scholarship Plan attn Jenn Cornwall - The Free Methodist Church in Canada

4315 Village Centre Court, Mississauga, ON L4Z 1S2