

# 2025 EDUCATIONAL INSTITUTION CONFIRMATION

## 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.

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### 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/2025)

Last day of studies for this semester: \_\_\_\_\_ (mm/dd/2025)

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/2025)

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