

**H.R. MacMillan Fund
VANCOUVER SCHOOL OF THEOLOGY
Clergy Financial Aid**

Revised April, 2018

- The VST Financial Aid Committee will consider applications four times per fiscal year. Application deadlines:
 - April 1 and June 1 (for May–August programs),
 - Sept. 15 (for September–December programs),
 - Jan 15 (for January–April programs).

- Grants will only be considered for clergy in good standing with their respective denominations. **Applications must include appropriate confirmation indicating good standing within their denomination from the following: (email directly to the VST Financial Aid Officer at financialaid@vst.edu)**
 - ACC – Diocesan Bishop
 - UCC – Conference Personnel Minister
 - PCC – Clerk of Presbytery

- Priority will be given to applicants continuing their education at VST.

- Grants to applicants for continuing education courses will be restricted to a maximum of \$400 per fiscal year (May – April).

- Grants will be made for Clinical Pastoral Education applicants only after the applicant has supported themselves through the first two units. Since these courses are not offered by VST but are required for VST degree credit, support will be limited to 50% of the equivalent VST tuition fee based on credit hours.

- Grants shall not be made for the following:
 - a course already completed by the applicant;
 - non-VST courses taken by applicants from outside British Columbia and the Yukon;
 - applications from lay persons;
 - clergy on Leave of Absence will not normally be supported;
 - retired clergy will not normally be supported. However, retired clergy engaged in accountable ministry may apply to the fund regarding programs related to their ministry.

VANCOUVER SCHOOL OF THEOLOGY

Application Form
H.R. MacMillan Fund Grant

****FOR ORDAINED CLERGY ONLY****

Email Application To:	Financial Aid Officer Vancouver School of Theology 6015 Walter Gage Road Vancouver, BC V6T 1Z1 Email : financialaid@vst.edu
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NAME: _____	S.I.N.: _____
PREFERRED TITLE: _____ (i.e. - Reverend, Bishop etc)	
ADDRESS: _____ _____	
POSTAL/ZIP CODE: _____	PHONE NO.: _____
EMAIL ADDRESS: _____	
NAME OF YOUR DIOCESE OR PRESBYTERY: _____	
DENOMINATION: _____	
RECORD OF SERVICE: _____	
CURRENT MINISTRY: _____	
EDUCATIONAL QUALIFICATIONS: _____	

COURSE OF STUDY FOR WHICH GRANT IS APPLIED

COURSE NAME: _____	
INSTITUTION: _____	LOCATION: _____
STARTING DATE: _____	FINISH DATE: _____

BUDGET

(attach full details for lengthy periods of study)

EXPENSES:

COURSE FEES:	\$ _____
LIVING EXPENSES:	\$ _____
TRAVEL:	\$ _____
OTHER (specify):	\$ _____
TOTAL:	\$ _____

FUNDING SOURCES:

DENOMINATION:	\$ _____
CONGREGATION:	\$ _____
OTHER:	\$ _____
SELF	\$ _____
MacMILLAN REQUEST	\$ _____
TOTAL:	\$ _____

Signature: _____ Date: _____