



Application for Admission Forms

The following forms must be completed and returned to the college in order to complete your application for admission.

- Application for Admission (Please include \$50.00 registration fee)
- Medical Form
- Character Reference #1 – Pastor
- Character Reference #2 – Teacher, Employer or School Counsellor
- Character Reference #3 – Christian Friend (Over 21)
- Release and Indemnity Agreement
- Please have an official high school transcript sent to us.



Summit Pacific College
Box 1700, Abbotsford, BC V2S 7E7
Phone: (604) 853-7491 FAX: (604) 853-8951

FOR OFFICE USE ONLY
 App. Rec.: _____
 Pd. App. Fee: _____
 Accepted: _____
 I.D. Number: _____

APPLICATION FOR ADMISSION

(\$50.00 Application Fee Required)
 This application is to be completed by the applicant

Have you previously applied to Summit Pacific College? YES _____ Date: _____ NO _____
 If accepted you plan to attend: FALL 20 _____ SPRING 20 _____

PLEASE PRINT

NAME	Last (Family) Name _____ First _____ Middle _____	Place Photo Here
PRESENT ADDRESS	Appt. # _____ Number / Street _____	
PHONE	City _____ Prov / State _____ Postal Code _____ Ph (_____) _____ Home Ph. (_____) _____ Work _____	
BIRTH DATE	Month / Day / Year _____ SEX: Male _____ Female _____	
EMAIL	_____ Citizenship _____ Email Address _____	
EMERGENCY CONTACT	Name (contact in case of emergency) _____ Relationship to you _____ (_____) _____ Number/Street _____ City _____ Prov / State _____ Postal Code _____ Phone Number _____	
PROGRAM	One Year Omega Challenge _____ Two Year Certificate in _____ Three Year Diploma in _____ Four Year Degree in _____ Other _____	
COURSE LOAD	Full Time (12-17 sem. hrs.) _____ Part Time (1-11 sem. hrs.) _____ Audit (non-credit) _____	
ON CAMPUS RESIDENCE	YES ___ Single _____ *Married _____ * (submit written request to Business Administrator). NO ___ _____ Residence plans _____	
MARITAL STATUS	Single ___ Married ___ *Widow(er) ___ *Separated ___ *Divorced ___ *Remarried ___ * Please cover in Personal History.	
FAMILY	For SINGLE Applicant: _____ Father's Name _____ Mother's Name _____ Address: Same as home address above _____ Other _____ Number/Street _____ _____ City _____ Prov / State _____ Postal Code _____ _____ Father's occupation _____ Mother's occupation _____ Are your parents Christians? Yes ___ No ___ Do your parents support your plans to attend Summit? Yes ___ No ___	For MARRIED Applicant: _____ Name of Spouse _____ Age _____ Spouse's marital status: *Widow(er) ___ *Divorced ___ *Remarried ___ *Please cover in personal history. Children's names and ages _____ _____ _____ Does your spouse accept Christ as Savior? _____ Does your spouse support your plans to attend Summit? Yes ___ No ___

HIGH SCHOOLS ATTENDED

Name _____ Location _____ Date Attended _____ Date Graduated _____

POST SECONDARY INSTITUTION(S) ATTENDED

Name _____ Location _____ Date Attended _____ Date Graduated _____

Name _____ Location _____ Date Attended _____ Date Graduated _____

If you do not have a high school diploma, have you written and equivalency exam (G.E.D.)? _____

Have you ever been refused admission or dismissed from an educational institution? _____

If yes, please explain: _____

*ALL TRANSCRIPTS ARE TO BE SENT DIRECTLY TO SUMMIT PACIFIC COLLEGE Attention: Admissions

INTERNATIONAL STUDENTS

Status in Canada: Landed Immigrant: Student Visa:

_____ TOFL Score / Date

_____ Primary Language

CHRISTIAN EXPERIENCE

Date you accepted Christ as your personal Saviour: _____

Have you served the Lord consistently in the last 12 months? _____
(If NO, please cover in personal history)

Have you been baptized in water? _____ *Spouse (*if applicable) _____

Have you received the baptism of the Holy Spirit according to Acts 2:4? _____ *Spouse

Are you in sympathy with the statement of faith found in our catalogue? _____

CHURCH INFORMATION

Home Church: _____ Phone Number (_____) _____

Church Address: _____
Number / Street City Prov / State Postal Code

Pastor's Name: _____ Denomination / Affiliation _____

FINANCES

From reading the catalogue, you will note the cost of the **first year fees**, room and board and books. Excluding any monies you anticipate by loan or bursary, how much money do you now have towards this expense? \$ _____.

How do you plan to finance the remaining amount? Student loan _____ Payment Option _____

Work _____ Other _____

Do you have any outstanding debts? _____ If YES, state amount \$ _____

Will anyone be dependent upon financially you while you are in college? _____

REFERENCES

- are personal and confidential
- immediate relatives of applicant, instructors and present students of Summit Pacific College are not eligible to complete reference forms.

Pastor _____ Name _____ Position (i.e. Senior, Youth, etc.) _____

Address _____ Phone (_____) _____ Hm. (_____) _____ Wk. _____

Teacher / Employer _____ Name _____ Position _____

Address _____ Phone (_____) _____ Hm. (_____) _____ Wk. _____

Friend _____ Name _____ Occupation _____

Address _____ Phone (_____) _____ Hm. (_____) _____ Wk. _____

PERSONAL HISTORY

As a member of the community at Summit Pacific College and potentially a credential holder of the Pentecostal Assemblies of Canada (PAOC), students need to be willing to comply with lifestyle commitments belonging to the community, which involve abstention from alcohol, tobacco, non-medical drugs, occultic activity and separation from all suggestion of immoral or unethical behavior. As Summit Pacific College is the educational arm of the PAOC we affirm lifestyle values that are consistent with credentialing responsibilities.

Have you been involved with any of the above mentioned in either the past or present?

Alcohol: Yes ___ No ___ Past ___ Present ___ Substance Abuse: Yes ___ No ___ Past ___ Present ___

Tobacco: Yes ___ No ___ Past ___ Present ___ Sexual Immorality: Yes ___ No ___ Past ___ Present ___

Occult: Yes ___ No ___ Past ___ Present ___

Other (please specify): _____ Past _____ Present _____

Have you had any criminal offence including juvenile offences?

If 'yes' on any of the above, please comment:

Your response to the following question would enable Summit Pacific College to better understand you and thus be more effective in promoting your development as a whole being.

Have you been a victim of abuse (physical, emotional, sexual, *et al.*)? Yes ___ No ___ Past ___ Present ___

Comments:

Please comment briefly on the following (use an additional sheet if necessary):

1. Describe your general health. Have you been or are you currently under the care of a physical, psychologist, psychiatrist or counsellor?

No ___ Yes ___ (if yes, please explain)

2. Home/Spiritual background. Describe your conversion experience and current relationship with Christ.

3. Describe the present regularity and the nature of your personal devotional life.

4. List the talents/abilities that you might use in a college ministry/outreach team.

5. Why do you want to attend Summit? How did you become interested in Bible College?

6. What are your personal goals and desires upon completion of your program of study?

All information given herein will be held in strict confidence in keeping with the provisions of the Freedom of Information Protection and Electronic Document Act ("PIPEDA") and any other applicable legislation. A copy of our full privacy protection policy can be found on our website www.summitpacific.ca

STATEMENT OF INTENT

I hereby make application for admission to Summit Pacific College and enclose the \$50.00 application fee. I understand that this fee is not refundable.

As an applicant to Summit Pacific College, I consent to the use of reference letters and reference checks in evaluating my application. Furthermore, I agree to respect the confidentiality of any reference letter so obtained.

I also agree to submit to all of the policies and regulations of the College if I am accepted.

I recognize that acceptance to Summit does not guarantee placement or reception of ministerial credentials after graduation.

I certify that, to the best of my knowledge, all information in this application is true and complete.

Signature _____ Date _____



Medical History

This information is confidential (to be completed by the applicant)

Name of applicant: _____
FAMILY FIRST MIDDLE
 Marital status: _____ Birth date: _____ Telephone: _____
YEAR MONTH DAY
 Mailing address: _____
STREET CITY PROVINCE/STATE POSTAL CODE

In which Canadian province do you have medical insurance/coverage? _____ Policy No. _____
Note: International students who do not have comparable coverage elsewhere MUST purchase medical insurance.

Person to be notified in emergency: _____ Relationship: _____ Phone: _____

- Do you have any known allergies? (medication, foods, other) YES NO
 If yes, please identify and give details: _____

- Have you ever struggled with psychological problems? (e.g. suicide, depression, addictions, eating disorders) YES NO
 If yes, specify problem and treatment received: _____

- List any medical conditions or diseases (e.g. diabetes, epilepsy, asthma, migraine) _____

- Name any drugs or medicines you use frequently or regularly: _____
- Have you ever used drugs non-medically? YES NO If yes, please complete the following:
 - Smoking Date of last usage _____ Frequency of use (daily, weekly, monthly) _____
 - LSD Date of last usage _____ Frequency of use (daily, weekly, monthly) _____
 - Marijuana Date of last usage _____ Frequency of use (daily, weekly, monthly) _____
 - Alcohol Date of last usage _____ Frequency of use (daily, weekly, monthly) _____
 - Other Date of last usage _____ Frequency of use (daily, weekly, monthly) _____
- Do you have any physical handicaps or learning disabilities? YES NO
 If yes, please provide details: _____
- List any contagious diseases you have/have had: (e.g. infections, mononucleosis, hepatitis, tuberculosis)

- Immunity record: indicate year of last immunization

Diphtheria _____	Measles _____	Mumps _____
Tetanus _____	Polio _____	Rubella _____

All information is confidential. If deemed necessary, more detailed information may be requested on any of the above.

Please have your physician complete this side only if (a) you are applying from outside North America or (b) if you have any chronic or debilitating medical condition that requires special medical attention, medication, or diet, or if your activities are restricted in any way

Physical Examination

To be completed by a licensed physician. Please review the history as completed by the applicant on the other side.

How long have you attended (known) this person? _____

Please list any allergies to medications or specific allergens: _____

Any current disabilities or abnormalities: _____

Illness history (please specify date and current implications): _____

History of infectious diseases: _____

Surgical history: _____

Does applicant take medications occasionally or habitually? YES NO

If yes, please specify the medication and why it is taken: _____

Special dietary requirements: _____

Is this individual physically able to participate in all physical education opportunities? YES NO

If no, please explain: _____

Recommendations (including remarks on medical history completed by the applicant):

Doctor's name: _____

Mailing address: _____
STREET CITY PROVINCE/STATE POSTAL CODE

Signature: _____ Date: _____

Please send directly to:
The Admissions Department
Summit Pacific College PO Box 1700
Abbotsford, British Columbia V2S 7E7
in the post-paid envelope provided.

Not to pass through hands of applicant after examination.

Approved date: _____

Registrar, Summit Pacific College

International student health insurance number



CHARACTER REFERENCE FORM #1: PASTOR
All references are PERSONAL AND CONFIDENTIAL

Immediate relatives of applicant, instructors and present students of Summit Pacific are not eligible to complete reference forms.

To be Completed by the Applicant - before giving form to referee

Name: _____

Waiver Statement: I willingly waive any right to have access to this confidential reference with the understanding that it will not be released to anyone other than to the Admissions Committee. I understand that signing this waiver is not required as a condition for admissions.

Date: _____ Signature: _____

The above named individual is applying for admission to Summit Pacific College. As it is important that the selection of students be made with the utmost care, serious consideration will be given to your comments. Please complete this form as carefully and frankly as possible. (We would encourage a personal interview with the applicant prior to your completion of this form).

1. How long have you known the applicant? _____
2. How well do you know the applicant? ___ very well ___ well ___ casually
3. Have you met with the applicant to discuss his/her intention to attend Bible College? _____. If not, please explain.

4. State briefly to what extent the applicant is engaged in the activities of the church. With what success?

5. List the special strengths, abilities (i.e., spiritual gifts) the applicant has.

What weaknesses? _____

6. Is the applicant in agreement with the PAOC statement of faith that appears in the current catalogue? If not, please explain.

7. If the applicant is married, please comment on marriage relationship and/or family life.

8. As a member of the community at Summit Pacific College and potentially a credential holder of the Pentecostal Assemblies of Canada (PAOC), students need to be willing to comply with lifestyle commitments belonging to the community, which involve abstention from alcohol, tobacco, non-medical drugs, occultic activity and separation from all suggestion of immoral or unethical behaviour. As Summit Pacific College is the educational arm of the PAOC we affirm lifestyle values that are consistent with credentialing responsibilities

To your knowledge has the applicant been involved with any of the following in either the past or present?

- | | |
|--|--|
| Alcohol: Yes ___ No ___ Past ___ Present ___ | Substance Abuse: Yes ___ No ___ Past ___ Present ___ |
| Tobacco: Yes ___ No ___ Past ___ Present ___ | Sexual Immorality: Yes ___ No ___ Past ___ Present ___ |
| Occult: Yes ___ No ___ Past ___ Present ___ | Other (please specify): _____ Past ___ Present ___ |

If yes on any of the above, please comment: _____

9. To your knowledge, has the applicant been a victim of abuse (physical, sexual, emotional, *et al*)?

10. Please check the answer that best describes the applicant:

ABILITY TO RELATE TO OTHERS

- excellent
- good
- marginal
- hostile
- no opportunity to observe

DESIRE TO LEARN

- strong determination
- positive attitude
- needs encouragement
- shows little interest
- no opportunity to observe

LEADERSHIP

- excellent initiative
- good organizer
- leads when asked
- makes little effort to lead
- no opportunity to observe

RESPONSIBILITY

- conscientious
- usually dependable
- somewhat dependable
- unreliable
- no opportunity to observe

CO-OPERATION

- works well with others
- usually co-operative
- avoids group activities
- causes friction
- no opportunity to observe

DISPOSITION

- outgoing
- well balanced
- tendency to withdraw
- moody
- no opportunity to observe

RESPECT FOR AUTHORITY

- respects those in authority
- generally respectful
- critical of authority
- disrespectful
- no opportunity to observe

CONSTRUCTIVE CRITICISM

- open to accept
- willing to accept
- marginal acceptance
- not accepted
- no opportunity to observe

ACCEPTANCE BY PEERS

- well liked
- well accepted
- tolerated
- not accepted
- no opportunity to observe

CHOICE OF ASSOCIATES

- very discerning
- somewhat discerning
- questionable discernment
- careless choices
- no opportunity to observe

EMOTIONAL STABILITY

- consistently stable
- usually well adjusted
- sometimes unstable
- unbalanced & unstable
- no opportunity to observe

ENERGY AND INITIATIVE

- seeks additional tasks
- does more than expected
- does assigned tasks
- needs prodding
- no opportunity to observe

ADHERES TO CHURCH/WORK POLICIES

- always
- most often
- sometimes
- rarely
- no opportunity to observe

SPIRITUAL MOTIVATION INTEGRITY

- high moral & spiritual values
- consistent moral standards
- inconsistent attitudes & practices
- not aware of spiritual beliefs
- no opportunity to observe

INDICATION OF CALL TO MINISTRY

- high dedication
- average dedication
- not apparent
- questionable
- no opportunity to observe

FAITHFULNESS TO LOCAL CHURCH

- superior
- average
- inconsistent
- poor
- no opportunity to observe

ANTICIPATED ACHIEVEMENT IN COLLEGE

- will excel
- better than average
- marginal
- may experience failure
- no opportunity to observe

ABILITY TO HANDLE FINANCES

- excellent manager
- responsible manager
- needs direction
- irresponsible
- no opportunity to observe

11. Do you recommend this applicant for admission to Summit Pacific College?

_____ With enthusiasm _____ With some confidence _____ With reservation _____ I do not recommend admission

12. Additional comments you may have regarding the applicant:

Please print information about yourself below.

Name: _____ Date: _____

Position: _____

Address: _____

Telephone: (_____) _____

Email: _____

Signature: _____

Do not return to applicant.
Mail to:
Admissions
Summit Pacific College
 Box 1700, Abbotsford, BC V2S 7E7
 (604) 853-7491



CHARACTER REFERENCE FORM #2: TEACHER, EMPLOYER, SCHOOL COUNSELLOR

All references are PERSONAL AND CONFIDENTIAL

Immediate relatives of applicant, instructors and present students of Summit Pacific are not eligible to complete reference forms.

To be Completed by the Applicant - before giving form to referee
Name:
Waiver Statement: I willingly waive any right to have access to this confidential reference with the understanding that it will not be released to anyone other than to the Admissions Committee. I understand that signing this waiver is not required as a condition for admissions.
Date: Signature:

The above named individual is applying for admission to Summit Pacific College. As it is important that the selection of students be made with the utmost care, serious consideration will be given to your comments. Please complete this form as carefully and frankly as possible.

1. How long have you known the applicant?

2. How well do you know the applicant? very well well casually

3. What activities are the applicant involved in at school/work/community?

4. Have you observed the applicant to have any physical weakness or emotional stress during involvement in an intensive academic and/or work environment? Yes No. If yes, describe.

5. What particular strengths (talents, special abilities) does the applicant display?

What weaknesses?

6. How does the applicant respond to authority?

7. Please check the answer that best describes the applicant:

ABILITY TO RELATE TO OTHERS

- excellent
good
marginal
hostile
no opportunity to observe

DESIRE TO LEARN

- strong determination
positive attitude
needs encouragement
shows little interest
no opportunity to observe

LEADERSHIP

- excellent initiative
good organizer
leads when asked
makes little effort to lead
no opportunity to observe

RESPONSIBILITY

- conscientious
usually dependable
somewhat dependable
unreliable
no opportunity to observe

CO-OPERATION

- works well with others
usually co-operative
avoids group activities
causes friction
no opportunity to observe

DISPOSITION

- outgoing
well balanced
tendency to withdraw
moody
no opportunity to observe

RESPECT FOR AUTHORITY

- respects those in authority
generally respectful
critical of authority
disrespectful
no opportunity to observe

CONSTRUCTIVE CRITICISM

- open to accept
willing to accept
marginal acceptance
not accepted
no opportunity to observe

ACCEPTANCE BY PEERS

- well liked
well accepted
tolerated
not accepted
no opportunity to observe

CHOICE OF ASSOCIATES

- very discerning
- somewhat discerning
- questionable discernment
- careless choices
- no opportunity to observe

EMOTIONAL STABILITY

- consistently stable
- usually well adjusted
- sometimes unstable
- unbalanced & unstable
- no opportunity to observe

ENERGY AND INITIATIVE

- seeks additional tasks
- does more than expected
- does assigned tasks
- needs prodding
- no opportunity to observe

ADHERES TO WORK/SCHOOL POLICIES

- always
- most often
- sometimes
- rarely
- no opportunity to observe

INTEGRITY

- above reproach
- consistently honest
- sense of judgement wavers
- dishonest
- no opportunity to observe

COMPETENCY

- excels
- takes pride in work
- completes tasks
- incompetent
- no opportunity to observe

LEARNING POTENTIAL

- initiates new learning experiences
- learns quickly
- learns with effort
- difficulty in grasping new concepts
- no opportunity to observe

ANTICIPATED ACHIEVEMENT IN COLLEGE

- will excel
- better than average
- marginal
- may experience failure
- no opportunity to observe

ABILITY TO HANDLE FINANCES

- excellent manager
- responsible manager
- needs direction
- irresponsible
- no opportunity to observe

8. Do you recommend this applicant for admission to Summit Pacific College?

With enthusiasm With some confidence With reservation I do not recommend admission

9. Additional comments you may have regarding the applicant:

Please print information about yourself below.

Name: _____ Date: _____

Position: _____

Address: _____

Telephone: (_____) _____

Email: _____

Signature: _____

<p>Do not return to applicant. Mail to: Admissions Summit Pacific College Box 1700, Abbotsford, BC V2S 7E7 (604) 853-7491</p>



CHARACTER REFERENCE FORM #3: CHRISTIAN FRIEND - OVER 21
All references are PERSONAL AND CONFIDENTIAL

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To be Completed by the Applicant - before giving form to referee
Name:
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Date: Signature:

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To your knowledge has the applicant been involved with any of the following in either the past or present?

- Alcohol: Yes No Past Present
Substance Abuse: Yes No Past Present
Tobacco: Yes No Past Present
Sexual Immorality: Yes No Past Present
Occult: Yes No Past Present
Other (please specify): Past Present

If yes on any of the above, please comment:

7. Please check the answer that best describes the applicant:

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marginal
hostile
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Please print information about yourself below.

Name: _____ Date: _____

Position: _____

Address: _____

Telephone: (_____) _____

Email: _____

Signature: _____

Do not return to applicant.
Mail to:
Admissions
Summit Pacific College
 Box 1700, Abbotsford, BC V2S
 7E7
 (604) 853-7491



FRESHMAN BURSARY APPLICATION

Forward complete application to Registrar's Office by July 15, 2018

Full Name: _____

Permanent Address: _____

Phone #: _____ Email: _____

Social Insurance Number (Required for Income Tax Purposes): _____

Applications will not be considered if SIN is not present

- Single Married # of Dependents: _____
- On-Campus Off-Campus Own Rent

Program Applied For: _____

FRESHMAN BURSARY (\$500 each)

- I am applying for a Freshman Bursary based on my Financial Need and Resources shown below.
- I am applying for a Travel Bursary because I permanently reside in Canada, but outside of BC.

DEPENDENT / SIBLING / SPOUSAL BURSARY (\$250 - \$1,000 each)

Eligibility is for **ONE of the following Bursaries for full-time Students taking a minimum of 12 credits in each of the Fall 2018 and Spring 2019 Semesters.**

- Dependent** of active full-time PAOC credential holder (\$500)
Credential holder Name and Organization: _____
- Dependent** of Other active full-time ministerial credential holder (\$250)
Credential holder Name and Organization: _____
- Sibling of full-time SPC student living on-campus (\$1,000)
Name of Sibling: _____
- Sibling of full-time SPC student living off-campus (\$500)
Name of Sibling: _____
- Spouse of full-time SPC Student (\$1,000)
Name of Spouse: _____

Dependent is defined as an unmarried offspring under age 25, or a spouse.

FINANCIAL NEED & RESOURCES

Current Savings: \$ _____ RESP's: \$ _____

Scholarships & Awards: \$ _____ Other: \$ _____

Expected financial support from Parents: \$ _____

Additional Savings after summer employment: \$ _____

Outstanding debt-load (previous student loans, vehicle loans, etc.) \$ _____

- I expect to work part-time while attending college full-time. Hours/week: _____
Employer: _____

Additional Comments: _____

I certify that, to the best of my knowledge, the information above is true, accurate and complete.
I acknowledge that Awards are credited to the Student invoice in the Spring 2019 semester.
I also acknowledge that Awards are for full-time Students taking a minimum of 12 credits in each of the Fall 2018 and Spring 2019 semesters.

Signature

Date

RESPONSIBILITIES OF A STUDENT AT SUMMIT PACIFIC COLLEGE

Summit Pacific College exists to educate and equip Christians for effective ministry in the Church and in the world.

Summit is a Christian community that encourages individual integrity and responsibility in accordance with biblical Christianity and its social and ethical obligations. Students, by virtue of enrolment, therefore, agree to accept the responsibilities of membership in this community. The College objectives as stated in the catalogue assume that students in the College community are both committed to the Lord Jesus Christ and to the development of his or her Christian character and lifestyle. Furthermore, by signing below, students are giving an indication of understanding, affirming, and adhering to the standards of conduct required within the College Community.

Students who become members of the College community are expected to abide by the College's guidelines even though there may be some areas in which they have no personal convictions, or even disagree. If students are unwilling to abide by these guidelines, or give evidence of being out of harmony with the spirit and objectives of the College they may be asked to withdraw even though there may be no specific breach of guidelines or expectations.

I, _____ ,
(Student's name – please print)

having read the Student Handbook, agree to abide by the guidelines and accept the responsibilities that accompany being a student as Summit. I also agree to accept any disciplinary decisions made by the college.

(Student's signature)

(Date)