APPLICATION FOR TUITION BENEFIT
FOR PARACHURCH ORGANIZATIONS

In order to be eligible for the Parachurch Organization Tuition Benefit, students must be:

01/ Full-time workers of A Rocha, IFES, IVCF (Canada or USA), Power to Change/Cru, Young Life Canada, or University Christian Ministries.

02/ Admitted to Regent College (i.e., have made formal application to the Admissions Office and have been accepted).

Note: This tuition benefit cannot be applied retroactively (e.g., for courses already taken). Students who receive this benefit, and their spouses, will not be eligible to receive any other Regent College tuition benefits or funds dispersed from the Financial Aid Office at the same time.

Eligible students may receive a 50% tuition benefit for 30 credit hours of Regent courses which are part of a GradDipCS, MA, or MDiv program. Note that Distance Education courses are eligible, up to the maximum allowed per program. The tuition benefit is **not** available, however, for courses offered off-campus, guided studies, or courses taken for audit.

The student must apply for the tuition benefit each term by submitting this application form, signed by the student's supervisor, together with a regular registration form and payment of applicable fees.

STUDENT INFORMATION			
Regent ID	Given Name	Middle Name	Surname

REGISTRATION TERM ❑ Fall Term ❑ Winter Term ❑ Summer Term _____ Year

Student: I am applying for the 50% tuition benefit for all eligible courses I am registering for this term.

Signature of Student Date

SUPERVISOR INFORMATION			
Name	Email Address	Phone Number	
Mailing Address: Street	City, Province/State	Postal Code	Country

Supervisor: I certify that the above named student is a current, full-time employee with the following organization (please check one) and in the following region:

❑ A Rocha ❑ IFES ❑ IVCF Canada ❑ IVCF USA
❑ Power to Change/Cru ❑ Young Life Canada ❑ University Christian Ministries

Region of employment Country

Signature of Supervisor Date

FOR OFFICE USE ONLY	**Admission date:**		**Amount of Benefit:**	
	Signature of Registration Officer:		**Date:**	