

# GORDON-CONWELL THEOLOGICAL SEMINARY

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## FINANCIAL AID APPLICATION

### Doctor of Ministry

Program name /track number 学程名称/组别代码

First residency date 第一次集中上课的日期

1. Name 姓名

Address 地址

Phone 电话

E-mail 电子邮件

2. Anticipated commuting and residency expenses for one year: 一年预计的交通和居住费用：

Travel 旅行 (交通费用)

Room 房间 (住宿费用)

Meal 伙食 (餐食费用)

3. List amounts of confirmed sources of non-Gordon-Conwell aid: 请列出已确认为非戈登康维尔的支持资源

Church / employer 教会/雇主 \$ per year 每年

Other 其它 \$ per year 每年

Denomination 宗派 \$ per year 每年

4. Provide any additional information necessary to understand your circumstances by attaching a separate page. 请提供任何其他资讯以帮助我们了解您的状况 (请用另外一张纸书写)

Signature 签名

Date 日期

FOR OFFICE USE ONLY:

ISIR Received

GCTS Form

Letter - Denomination

-Letter - Personal

-Letter - Church