

H.R. MACMILLAN FUND

CLERGY FINANCIAL AID

- The VST Financial Aid Committee will consider applications four times per fiscal year.

Application deadlines:

- April 30 and June 1 (for May–August programs),
- Sept. 10 (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 – Regional Vocations Minister
- PCC – Clerk of Presbytery

- Priority will be given to applicants continuing their education at VST. Please be aware that funding available for non-VST courses is extremely limited.

- 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

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APPLICATION FORM

FOR ORDAINED CLERGY ONLY

Forward Application To:

Financial Aid Officer
Vancouver School of Theology
6015 Walter Gage Road
Vancouver, BC V6T 1Z1

OR

Email : financialaid@vst.edu

NAME: _____ S.I.N.: _____

PREFERRED TITLE: _____ EMAIL ADDRESS: _____
(i.e. – Reverend, Bishop etc.)

ADDRESS: _____

POSTAL/ZIP CODE: _____ PHONE NO.: _____ MOBILE: _____

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 FOR EVENT (ATTACH FULL DETAILS FOR LENGTHY PERIODS OF STUDY)

EXPENSES		FUNDING SOURCES	
Course Fees:		Denomination:	
Living expenses:		Congregation:	
Travel:		Other:	
Other (specify):		Self:	
		MacMillan Request:	
TOTAL:		TOTAL:	

Signature: _____ Date: _____