



AMBS

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admission application packet international

■ additional required forms

The following forms must be received directly from the academic institution, organization, and physician before we will begin processing your application:

Transcripts

Request that *each* academic institution you have attended send one *official* transcript directly to:

Admissions
Associated Mennonite Biblical Seminary
3003 Benham Avenue, Elkhart, IN 46517, USA

Transcripts must be sent in a sealed envelope with the registrar's signature across the flap.

TOEFL score reports

Students coming from non-English-speaking countries are required to take the TOEFL (Test of English as a Foreign Language).

Request that the results be sent to:

Admissions
Associated Mennonite Biblical Seminary
3003 Benham Avenue, Elkhart, IN 46517, USA

Contact **www.ETS.org** to complete the TOEFL. The AMBS code for TOEFL is **9570**. The minimum score for admittance to AMBS is 90 on the internet-based test.

Students who hold or are in the process of earning a degree from an accredited institution in the United States before enrolling at AMBS may inquire about having this requirement waived.

Have you taken the TOEFL?

yes: date taken _____

no: date you expect to take the test _____

Physician's physical exam

Have your physician mail the form directly to AMBS.

■ other forms

If you wish to apply for financial aid, complete the following two forms:

Financial Aid application

Matching Grant Church Commitment form



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3003 Benham Avenue
Elkhart, Indiana 46517-1999

Telephone 574 295-3726
Toll free 1 + 800 964-2627
Fax 574 295-0092
E-mail admissions@ambs.edu

admissions application international

Associated Mennonite Biblical Seminary serves the church as a learning community with an Anabaptist vision, educating followers of Jesus Christ to be leaders for God's reconciling mission in the world.

deadlines

- Aug. 1** for enrolling fall semester
- Dec. 1** for enrolling spring semester
- May 1** for applying for financial aid to receive the maximum for which you qualify

personal data

Full legal name _____
First Middle (Maiden) Surname

Preferred name _____

Current address _____
Street, Box number or Rural Route

City State Postal Code Country

Telephone _____ daytime evening cellular

Date when above address is no longer valid _____

Address after that date _____
Street, Box number or Rural Route

City State Postal Code Country

Telephone _____ daytime evening cellular

E-mail address _____

Mailing address for I-20 _____
Street, Box number or Rural Route

City State Postal Code Country

Date of birth _____ month day year Gender: female male

Citizenship: student visa special visitor Citizen of _____

City and country of birth _____

Marital status: Single Married: Name of spouse _____

Family: Complete the following information for each family member coming to the U.S. with you:

● Name _____ Relationship _____ Gender: female male
 First Surname
Date of birth _____ Citizen of _____ City, country of birth _____
 month day year

● Name _____ Relationship _____ Gender: female male
 First Surname
Date of birth _____ Citizen of _____ City, country of birth _____
 month day year

● Name _____ Relationship _____ Gender: female male
 First Surname
Date of birth _____ Citizen of _____ City, country of birth _____
 month day year

● Name _____ Relationship _____ Gender: female male
 First Surname
Date of birth _____ Citizen of _____ City, country of birth _____
 month day year

■ religious affiliation

Denomination _____
Licensed _____ date _____ Ordained _____ date _____

■ personal statement of faith

If you need more space, please attach another sheet of paper.

1. Tell us how you became a Christian.

2. Describe your desire to serve others.

3. List some of the formative influences in your life, e.g. education, employment and church experience.

4. Describe how your participation in the church has contributed to your religious development.

■ academic objectives

Select the program and concentration for which you are applying. (If undecided, please choose one of the programs. During the first year, formation groups help students discern which program best fits their call and gifts.)

Master of Divinity:

- Primary program Pastoral Care and Counseling Mission and Evangelism
 Theological Studies Youth Ministry

Master of Arts in Christian Formation:

- Christian Spirituality Teaching Ministry Worship

Master of Arts: Peace Studies:

- Primary program Conflict Transformation International Development Administration
 Urban Community Development

Master of Arts: Theological Studies:

- Biblical Studies Church History Theology and Ethics
 Master of Divinity combined with the **Master of Social Work** at Andrews University
 Master of Arts: Peace Studies combined with the **Master of Social Work** at Andrews University

When do you plan to begin full-time studies (9–12 credit hrs.)?

Year: 20_____ Term: Fall Interterm Spring Summer

■ academic background

List colleges, universities, and seminaries attended. If you need more space, please attach another sheet of paper.

Institution	Location (city, state, country)	Month and year (from) (to)	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Biblical languages already taken (give course title, location, credit hours, and year taken):

■ work experience

What experiences do you currently have or have you had in Christian education, preaching, choral work, youth work (summer youth camps, etc.), or social work? List names of churches, agencies, and time spent in each place.

■ languages

List below the languages you use and place a check mark under each skill.

Language	Reading	Writing	Speaking
English	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Contact **www.ETS.org** to complete the TOEFL. The AMBS code for TOEFL is **9570**. The minimum score for admittance to AMBS is 90 on the internet-based test.

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Have you taken the TOEFL?

yes: date taken _____ **no:** date you expect to take the TOEFL _____

■ keyboarding

Number of words per minute you are able to type: _____

■ close relative or friend

List the name, address and relationship of a friend or close relative (if any) residing in the U.S.

Name _____	Relationship _____		
Address _____			
Street, Box number or Rural Route	City	State/Province	Zip/Postal Code
Telephone _____	E-mail address _____		

■ references

List the names of three people—a pastor, teacher or academic adviser, and another person (such as a church leader, co-worker, or employer)—who can respond concerning your Christian experience, character, and ability. **References from family members are not accepted.** Provide each of these people with a reference request form and ask him or her to return the completed form to you in a sealed envelope. Include the forms in the sealed envelopes with your application for admission.

Forms are available at www.ambs.edu/forms in the Admissions and Financial Aid section.

Pastoral reference _____

Academic reference _____

Layperson reference _____

■ AMBS faculty member or current/former student

List the name and address (if known) of an AMBS faculty member or current/former student whom you know.

Name _____	Relationship _____			
Address _____				
Street, Box number or Rural Route	City	State	Zip/Postal Code	Country
Telephone _____	E-mail address _____			

■ health insurance

All international students are required to enroll in the accident and health insurance plan offered by United Health-care Student Resources. More information will be provided with admissions and enrollment materials.

■ community lifestyle commitment

AMBS asks all students to make a commitment to participate in the seminary community as follows:

Admission to AMBS assumes a commitment on the part of every student to join and participate in a community devoted to theological education and preparation for ministry, worship, study, and the life of Christian faith.

This community is part of and accountable to the church of Jesus Christ, the Anabaptist-Mennonite tradition, and the seminary's sponsoring churches. It is understood that all members of the seminary community will respect the conviction, values, and commitments of the tradition and the churches that it serves.

I have read the community lifestyle commitment in the paragraph above and understand the mission and values of AMBS (www.ambs.edu/about/mission-values). My filing of this application indicates my willingness to cooperate with the standards and purpose of the seminary. I accept the community lifestyle expectations above as my own while I am a student at AMBS. I agree to withdraw my enrollment should I find myself unable to support them.

Signature

Date

AMBS will make decisions regarding admission to study at AMBS without discrimination on the basis of age, race, religion, physical disability, national or ethnic origin, gender, and sexual orientation.



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reference request pastoral

Associated Mennonite Biblical Seminary serves the church as a learning community with an Anabaptist vision, educating followers of Jesus Christ to be leaders for God's reconciling mission in the world.

■ instructions to the applicant

Applicants to AMBS are required to have references in support of their goals for seminary study and/or their sense of call to ministry. We ask for three references, one from each of the following: your pastor, a college teacher or academic adviser, and a layperson. Please send this form to your pastor to provide this kind of reference for you. We do not accept references from a spouse or relative.

■ to be filled in by the applicant

Letter of reference on behalf of _____,
 First Middle Last

who is applying for admission to Associated Mennonite Biblical Seminary.

Name of person writing recommendation _____

Address _____
 Street, Box number or Rural Route City State/Province Zip/Postal Code

Telephone _____ E-mail address _____

Relationship _____ Length of acquaintance _____

Waiver: In accordance with the Family Education Rights and Privacy Act of 1974, and the implementing regulations issued by the Department of Health, Education and Welfare, I waive my right to review this letter of reference. (See statement on confidentiality below.)

Signature _____ Date _____

Confidentiality: Federal law gives students the option of waiving their rights to see specific letters of recommendation. If the applicant has waived this right by signing the waiver above, this letter will be held confidential and will not be intentionally disclosed to the applicant. If the applicant has not signed the waiver, it will be assumed that this letter may be seen by the applicant if she/he enrolls in this seminary. Signing of the waiver is not a condition for admission. Any student who is accepted by and who enrolls in Associated Mennonite Biblical Seminary has the right to request the names of all individuals providing confidential statements.

■ instructions to the person writing the recommendation

The person named above is applying for study at AMBS. People accepted into study at AMBS must give evidence of their sense of call to ministry or desire to serve the church and must have the support of the congregation or several people who know them well. Please respond to the following questions on the reverse side indicating whether or not you support this person's intention to pursue ministry or a vocation that serves God and the church.

(over, please)



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reference request academic

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■ instructions to the applicant

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■ to be filled in by the applicant

Letter of reference on behalf of _____,
 First Middle Last

who is applying for admission to Associated Mennonite Biblical Seminary.

Name of person writing recommendation _____

Address _____
 Street, Box number or Rural Route City State/Province Zip/Postal Code

Telephone _____ E-mail address _____

Relationship _____ Length of acquaintance _____

Waiver: In accordance with the Family Education Rights and Privacy Act of 1974, and the implementing regulations issued by the Department of Health, Education and Welfare, I waive my right to review this letter of reference. (See statement on confidentiality below.)

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(over, please)

■ to be filled in by the person writing the recommendation

Characteristics	Excellent	High	Average	Low	Please comment (use additional paper if needed)
Christian commitment					
Emotional stability					
Maturity in judgment					
Integrity					
Relationships with others					
Leadership qualities					
Academic ability					
Ability to make decisions					
Dependability					
Initiative					
Tolerance of others					
Adaptability					

State below whether or not you support this person's intention to pursue a vocation in the church and the reasons for your statement.

What would you consider to be areas of growth for the applicant?

Signature

Date

Please send the completed form in the enclosed self-addressed envelope to AMBS. Thank you for a prompt response.



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reference request layperson

Associated Mennonite Biblical Seminary serves the church as a learning community with an Anabaptist vision, educating followers of Jesus Christ to be leaders for God's reconciling mission in the world.

■ instructions to the applicant

Applicants to AMBS are required to have references in support of their goals for seminary study and/or their sense of call to ministry. We ask for three references, one from each of the following: your pastor, a college teacher or academic adviser, and a layperson. Please send this form to a layperson or friend who can provide this kind of reference for you. We do not accept references from a spouse or relative.

■ to be filled in by the applicant

Letter of reference on behalf of _____,
 First Middle Last

who is applying for admission to Associated Mennonite Biblical Seminary.

Name of person writing recommendation _____

Address _____
 Street, Box number or Rural Route City State/Province Zip/Postal Code

Telephone _____ E-mail address _____

Relationship _____ Length of acquaintance _____

Waiver: In accordance with the Family Education Rights and Privacy Act of 1974, and the implementing regulations issued by the Department of Health, Education and Welfare, I waive my right to review this letter of reference. (See statement on confidentiality below.)

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■ instructions to the person writing the recommendation

The person named above is applying for study at AMBS. People accepted into study at AMBS must give evidence of their sense of call to ministry or desire to serve the church and must have the support of the congregation or several people who know them well. Please respond to the following questions on the reverse side indicating whether or not you support this person's intention to pursue ministry or a vocation that serves God and the church.

(over, please)

■ to be filled in by the person writing the recommendation

Characteristics	Excellent	High	Average	Low	Please comment (use additional paper if needed)
Christian commitment					
Emotional stability					
Maturity in judgment					
Integrity					
Relationships with others					
Leadership qualities					
Academic ability					
Ability to make decisions					
Dependability					
Initiative					
Tolerance of others					
Adaptability					

State below whether or not you support this person's intention to pursue a vocation in the church and the reasons for your statement.

What would you consider to be areas of growth for the applicant?

Signature

Date

Please send the completed form in the enclosed self-addressed envelope to AMBS. Thank you for a prompt response.



medical history

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All international students need to fill out a Medical History and have a physical examination before admission. A copy of any complete physical examination within six months of the date of submission will satisfy this requirement. Medical history must be current, and it is **extremely important that ALL IMMUNIZATIONS are up to date.**

All information received by Admissions is kept in strict confidence in your personal file; hence, no pertinent information should be withheld. Medical information is confidential, and information can be released only upon your written consent.

Students also are required to purchase health insurance through AMBS before they are allowed to register for classes.

Please complete all questions on page 1, sign the form and send it with your application packet to AMBS. Have your physician complete the Physician's Physical Examination form and sign it. After completing the form, your doctor must mail it directly to AMBS, 3003 Benham Avenue, Elkhart, IN 46517, USA.

Complete and sign this form. Your application is acceptable only when this document is correctly and fully completed.

Name _____ Gender: male female

 First Middle (Maiden) Surname

Address _____

 Street, Box number or Rural Route City State Postal Code Country

Date of birth _____ Country of birth _____ Denomination _____

 month day year

family health history

Check each item:	yes	no	relationship	Check each item:	yes	no	relationship
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____
(If yes, give details below, year exposed and provide X-ray)				Asthma, hay fever, hives	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Epilepsy or convulsions	<input type="checkbox"/>	<input type="checkbox"/>	_____
High blood pressure/stroke	<input type="checkbox"/>	<input type="checkbox"/>	_____	Nervous or mental disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Mother living?	<input type="checkbox"/>	<input type="checkbox"/>	No. of brothers living _____	No. of sisters living _____			
Father living?	<input type="checkbox"/>	<input type="checkbox"/>	If dead, give relationship and cause of death: _____				

personal health history

Have you ever had, or have you now, any of the following: (In lines of multiple statements, cross out the inapplicable words.) **Explain all positive answers below.**

Check each item:	yes	no	Check each item:	yes	no	Check each item:	yes	no	Check each item:	yes	no
Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Wear glasses or contacts	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid	<input type="checkbox"/>	<input type="checkbox"/>
High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Nose or throat trouble	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/intestinal trouble	<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic fever/Scarlet fever	<input type="checkbox"/>	<input type="checkbox"/>	Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice or liver disease	<input type="checkbox"/>	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	<input type="checkbox"/>
Cold sores or Herpes	<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	Dizzy or fainting spells	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or frequent colds	<input type="checkbox"/>	<input type="checkbox"/>	Rupture or hernia	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or convulsions	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Hay fever, allergy	<input type="checkbox"/>	<input type="checkbox"/>	Skin diseases, boils	<input type="checkbox"/>	<input type="checkbox"/>	Drink alcohol regularly	<input type="checkbox"/>	<input type="checkbox"/>
Whooping cough	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Painful or trick shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Emotional problems	<input type="checkbox"/>	<input type="checkbox"/>
Measles	<input type="checkbox"/>	<input type="checkbox"/>	Reaction to serum or drugs	<input type="checkbox"/>	<input type="checkbox"/>	Trick or locked knee	<input type="checkbox"/>	<input type="checkbox"/>	Sugar or albumin in urine	<input type="checkbox"/>	<input type="checkbox"/>
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Kidney or bladder trouble	<input type="checkbox"/>	<input type="checkbox"/>
Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Bone or joint problems	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Smoke	<input type="checkbox"/>	<input type="checkbox"/>	Take medication regularly	<input type="checkbox"/>	<input type="checkbox"/>	Any drug side effects	<input type="checkbox"/>	<input type="checkbox"/>	See a doctor regularly	<input type="checkbox"/>	<input type="checkbox"/>

If yes, or any other disease, give details: _____

Has your health been: good? fair? poor? If not good, please explain: _____

statement of authorization

The information provided is true to the best of my knowledge. _____

 Signature of applicant Date



physician's physical examination

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Fax 574 295-0092
E-mail admissions@ambs.edu

To be completed and signed by the applicant.

I authorize the physician to complete this form and send it to AMBS (address at left):

Signature of applicant

Date

To be completed and signed by the physician.

Patient name _____ Date _____
First Middle (Maiden) Surname

Sex _____ Age _____ Height _____ Weight _____ Blood pressure _____ Pulse _____

Build: slender medium heavy obese Vision: Without glasses: Right 20/ _____ Left 20/ _____

With glasses: Right 20/ _____ Left 20/ _____

Hearing: Right _____ 15 Left _____ 15 Color vision _____ Jaeger _____

If correction is needed, please refer immediately.

clinical evaluation

Check each item in proper column.

Enter "N." if not evaluated.

normal abnormal

1. Head, neck, face and scalp _____
2. Nose and sinuses _____
3. Mouth, teeth, gingiva and throat _____
4. Ears—general (canals, drums, etc.) _____
5. Eyes—general (lids, pupils, motions, etc.) _____
6. Lungs, chest and breasts _____
7. Heart (include estimate of cardiac function) _____
8. Vascular system (include varicosities) _____
9. Abdomen and viscera (include hernia) _____
10. Ano-rectal and pilonidal _____
11. Endocrine system _____
12. Genito-urinary system _____
13. Upper extremities _____
14. Lower extremities (include feet) _____
15. Spine, other musculoskeletal _____
16. Skin and lymphatic (include acne) _____
17. Neurological system _____
18. Psychiatric (specify any personality deviation) _____
19. If female, give menstrual history—specify medication _____

Note: Give details of each abnormality.

Enter corresponding item number before each comment.

Doctor, do you ...

yes no

... see any signs of emotional instability during the examination? _____

... know of any drugs the student is allergic to? _____
If so, which ones? _____

... have any special instructions for health care providers while the student is in school? _____

Is the student on any medication? _____
If so, which ones? _____

Use the reverse side if needed to explain all 'yes' answers above and/or to use for additional comments.

Required for admission

Tuberculin test (in past three months) Date _____
Mantoux only Neg. _____ Pos. _____

If positive, needs chest X-ray.

Immunization history

Last booster—month and year

Diphtheria _____ 1st M.M.R. _____
Tetanus _____ 2nd M.M.R. _____
Polio _____ H.B.V. (recommended) _____

M.D.

Signature of physician

Please print, stamp or type name

Doctor: Please mail form directly to AMBS at the address above.

Street address

City

State

Postal code

Country



housing application

AMBS

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3003 Benham Avenue
Elkhart, Indiana 46517-1999

Telephone 574 295-3726 ext. 0
Toll free 1 + 800 964-2627 ext. 0
Fax 574 295-0092
E-mail jgyoder@ambs.edu

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personal data

Name _____
First Middle (Maiden) Last

Current address _____
Street, Box number or Rural Route City State/Province Zip/Postal Code

Telephone _____ daytime evening cellular

E-mail address _____

Date of birth _____ month day year Gender: female male

Housing needed by _____ month day year Length of stay expected _____

Marital status: married single Spouse's name _____

Is spouse coming with you? yes no

Names of children coming with you Date of birth (m/d/y) Gender (f/m)

housing preference

Seminary student apartments are furnished, which includes stove, refrigerator, beds, dressers, lamps, dining table and chairs, sofa, easy chair, desk and bookshelves. Laundry facilities are available in each apartment building. Certain apartments can be unfurnished to meet specific requests. There is a \$100 fee to unfurnish an apartment.

Mark your first, second and third choices.

Single student options

- ___ Studio efficiency apartment (furnished)
- ___ One-bedroom apartment (furnished)
- ___ Shared apartment: two persons of same gender (furnished)
- ___ *Group household: three persons (furnished) (see note on reverse side)

Married couple options

- ___ One-bedroom apartment (furnished)
- ___ Two-bedroom apartment (furnished)
- ___ Two-bedroom apartment (unfurnished, first floor only)

Family options

- ___ Two-bedroom apartment (furnished)
- ___ Two-bedroom apartment (unfurnished, first floor only)
- ___ Three-bedroom apartment (furnished)
- ___ Three-bedroom apartment (unfurnished)
- ___ Five-bedroom apartment (furnished)
- ___ Five-bedroom apartment (unfurnished)

(over)

Comments/special needs: (i.e. handicap accessible, allergies, ground floor apartment, bunk or queen-size beds, etc.)

*Group household

When three or more students share living space, certain understandings help facilitate communication and healthy relationships. Households will:

1. meet bi-monthly to discuss household and/or relationship issues;
2. decide together how to cover shared expenses;
3. decide together how to cover cleaning and upkeep of the apartment, and how each person will be responsible for his/her own tasks;
4. make an effort to communicate directly when there are disagreements or concerns.

Most people desiring group housing are hoping for a greater level of community than they would experience living alone. Those who are interested in shared living space primarily for the financial savings, but are not interested in relating intentionally to others, should choose an option other than group housing.

AMBS reserves the right to make housing changes if unresolved, unhealthy dynamics between housemates deem it necessary.

■ housing policy

Housing policy prohibits **pets, smoking, and firearms** in seminary housing units or on the seminary grounds. AMBS does not offer shared housing space to same-sex couples or to unmarried heterosexual couples in romantically intimate relationships.

■ housing assignment

All efforts will be made to assign housing that best meets the request depending on the vacancies that are available. Applicants will be informed of available housing one month prior to the date requested.

■ housing deposit

This housing application becomes official when a deposit of **\$100** for a single or **\$200** for a couple or family is made (US funds, please).

One-half of the deposit is refundable if written cancellation is received by the Director of Student Housing one month before the date for which the reservation is requested. When a housing assignment is made, this deposit becomes a breakage/damage deposit per room or apartment.

At your earliest convenience, please make your housing deposit payable to AMBS (US funds) and mail with this application to:

Director of Student Housing
AMBS
3003 Benham Ave
Elkhart IN 46517

■ signature

Signature

Date

office use

Date application received _____

Date deposit received _____

Amount: \$ _____ (US funds)

Housing application
update: 05/07/2009



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certification of funds for international applicants

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Applicant name _____
First Middle (Maiden) Surname

Address _____
Street, Box number or Rural Route City State/Province Zip/Postal Code

Telephone _____ E-mail address _____

In order for AMBS to issue the proper student visa papers, your total financial program—in addition to financial aid from AMBS—must be documented. In U.S. dollars, list the maximum amount that can be provided from each source for each year: personal, family and sponsors. **Do NOT include the expected financial aid and/or scholarship that you might receive from AMBS.**

(Amounts in U.S. \$)

Source of funds	Support	Projected support		Attach all documents according to your plan
	1st year	2nd year	3rd year	
Personal/family savings				Official/certified statement from your bank, which certifies the amounts listed in this section
Annual income Self: _____ Occupation: _____ Spouse: _____ Occupation: _____				Official/certified salary statement from the employer(s)
Sponsor name and occupation Name: _____ Occupation: _____ Relationship: _____ Name: _____ Occupation: _____ Relationship: _____				<ul style="list-style-type: none"> ▪ Official/certified bank statement of your sponsor(s) ▪ Sponsorship letter(s) from your sponsor(s) stating the amount of support he/she is willing to contribute toward your study ▪ Sponsors who are U.S. citizens must complete an I-134 Affidavit of Support form.
Church or organization support Name: _____				Official letter on letterhead that states the amount of support that will be contributed to your support
Total amounts (in U.S. \$)	\$	\$	\$	

List the amount of money you will bring when you arrive at AMBS: US \$ _____

Financial agreement

I declare that the information on this form is true, accurate and complete and that each party understands its obligation. I also certify that the funds are available and will be provided in a timely manner.

Signature of applicant

Date



AMBS

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Office of Financial Aid
3003 Benham Avenue
Elkhart, Indiana 46517-1999

800 964-2627 or 574 296-6266
jwalker@ambs.edu

financial aid

checklist, information, instructions

Associated Mennonite Biblical Seminary serves the church as a learning community with an Anabaptist vision, educating followers of Jesus Christ to be leaders for God's reconciling mission in the world.

■ eligibility

All **admitted** students are eligible to apply for AMBS financial aid. Aid is distributed according to demonstrated financial need, with higher amounts of aid given to students with greater need. Students taking fewer than nine hours per semester receive half the amount of financial aid they would if they were full-time students. All full-time students qualify for grants of up to 25 percent of tuition. Mennonite students and international students taking at least nine hours per semester are eligible for AMBS grants of up to 50 percent of tuition.

■ deadlines

Feb. 1for Next Generation and Church Leadership Award applications

April 30.....for FAFSA (Free Application for Federal Student Aid) (U.S. students)

May 1for applying to receive the maximum financial aid for which you qualify

Please note: Applications received after the May 1 deadline will be processed in light of remaining funds, and students run the risk of NOT RECEIVING FINANCIAL AID if applications are submitted late. People who are planning to enroll midyear are strongly encouraged to submit the application by the May 1 deadline.

■ before submitting your financial aid application

- Submit your application for admission with all supporting documents.
- U.S. students: Prepare your tax forms to assist you in completing the FAFSA.

■ to apply for financial aid

- New students:** You must already have submitted your application for admission with supporting documentation and received notification that you have been admitted before you are eligible to apply for financial aid.
- U.S. students: complete the **FAFSA** (Free Application for Federal Student Aid) online by **April 30**.
FAFSA web site: www.fafsa.ed.gov
Federal School Code: 001823
School name: Associated Mennonite Biblical Seminary
School address: 3003 Benham Avenue, Elkhart, IN 46517
- Go to www.ambs.edu/student-resources/financial-aid/apply-online and complete the **Financial Aid and Scholarship Application** at by the deadline (see above). **Incomplete applications will not be processed.**
- Submit completed **Church Partnership Form(s)** if you will receive financial assistance from a congregation and/or conference. Be sure you have obtained the appropriate church official's signature and included the amount on the financial aid application.

■ u.s. federal student loans

AMBS encourages students to explore all other sources of funding before applying for a Federal Direct Stafford Loan. Sources include AMBS grants, earnings, savings, gifts and loans from church and family. If need remains, a Federal Stafford Loan may help to close the gap. However, we encourage students to borrow as little as possible to reduce debt load following graduation. Instructions for applying electronically for a Federal Direct Stafford Loan will be sent to you with your award letter.

■ canada student loans

Canada Student Loans, funded by the government of Canada and administered with participating provinces, are available to Canadian citizens enrolled in full-time study. Repayment is deferred while full-time status is maintained. Canadian students may contact their local banks for information. AMBS is registered with the provincial administrative offices for enrollment of students with Canada Student Loans.

■ student responsibilities

- Students must apply for aid each year by the financial aid application deadline (May 1). Students applying for either a Church Leadership or Next Generation Award must submit the financial aid application by **February 1**.
- Students must maintain a satisfactory academic standing: minimum GPA of 2.5 for general financial aid and 3.0 for special scholarships.
- When asked to do so, students are expected to write notes or letters of appreciation to the donors who help to make financial aid possible. AMBS financial aid comes from a variety of sources, including gifts from churches and individual donors. Acknowledging their generosity helps ensure good relations with our supporters and builds good will toward the seminary.

■ questions?

Please refer to the AMBS Financial Aid Handbook for further information and policies.

Please direct questions to: AMBS Financial Aid
 3003 Benham Avenue
 Elkhart, IN 46517
 Phone: 574 296-6266 or 800 964-2627
 E-mail: jwalker@ambs.edu



financial aid application

AMBS

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Office of Financial Aid
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Elkhart, Indiana 46517-1999

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jwalker@ambs.edu

Associated Mennonite Biblical Seminary serves the church as a learning community with an Anabaptist vision, educating followers of Jesus Christ to be leaders for God's reconciling mission in the world.

I am a:

- Canadian student
- International student
- US student

I am enrolling for the _____ - _____ academic year.

I plan to take classes at the:

- Elkhart (IN) campus
- AMBS--Great Plains (KS) extension site

personal information

Name _____
First Middle Last

Address _____
(this is where your award letter will be sent) Street address City State/Province Zip/Postal Code

Phone _____ **Email** _____

Marital status: single married

Date of birth _____
Month Day Year

Denomination _____ **Conference (if Mennonite)** _____

Congregation/church: _____

academic information

- Degree program:**
- Master of Divinity
 - Master of Arts
 - Certificate
 - Dual Degree with Andrews University

Will you be taking classes at Andrews University his academic year? Yes No

If yes, how many credits do you plan to enroll in for each semester? _____ Fall _____ Spring

Date you plan to complete your program of study (month/year): _____
Month/Year

Number of credit hours expected to enroll at AMBS for each semester:

_____ Fall _____ Interterm _____ Spring _____ Summer _____ Total number of credit hrs for year

housing information (Elkhart campus students only)

For more housing information or to complete the housing application, please visit our Web site at www.ambs.edu/student-resources/housing

Where do you plan to live while you are a student at AMBS? on campus off-campus

Do you already live on campus or have you already received a housing assignment? Yes No

If yes, please enter your apartment number or address and monthly AMBS rent: _____ \$ _____ /month

If no, please indicate your housing preference (see attached housing sheet). THIS IS NOT AN APPLICATION FOR CAMPUS HOUSING. _____

financial aid application

■ financial information

Please list the sources and amounts of any scholarships, grants or contributions you expect to receive for each semester. Do NOT include student loans or AMBS scholarships or grants.

Source	Fall	Spring
1.		
2.		
3.		
4.		
5.		
TOTAL SCHOLARSHIPS, GRANTS AND CONTRIBUTIONS	(A)	(B)

The items below are considered allowable costs for a Cost of Attendance calculation according to the Federal Student Aid handbook. To see a list of expenses based on a frugal nine-month budget, please contact the financial aid office at admissions@ambs.edu.

	(a.) Your monthly budgeted expense	(b.) Multiplier 1 semester = 4.5 2 semesters = 9 2 semesters + summer = 10	Total (a.) x (b.)
1. Housing (rent/mortgage + utilities)			1.
2. Food and household supplies			2.
3. Personal (clothing, laundry, recreation, telephone)			3.
4. Transportation			4.
5. Medical, dental, and health insurance			5.
6. Tuition	# credit hours ____	x \$440	6.
7. Student services fee	# credit hours ____	x \$18	7.
8. Estimated cost of books/supplies	# credit hours ____	x \$50	8.
Please enter amounts for any applicable categories below (or a zero if the category does not apply). Additional documentation may be required to support these expenditures.			
9. One-time computer purchase			9.
10. Child care (to be included, child care must be necessary for you to be a student)			10.
11. Expenses related to a disability			11.
TOTAL ESTIMATED COST OF ATTENDANCE			(C)

■ financial need calculator

TOTAL ESTIMATED EXPENSES (BOX C)	(C)	
TOTAL FALL RESOURCES (BOX A)	subtract	(A)
TOTAL SPRING RESOURCES (BOX B)	subtract	(B)
TOTAL REMAINING NEED	\$	

financial aid application

■ additional information

Do you or one of your dependents have unusually high medical costs each year? Yes No

If yes, please state an approximate amount of unreimbursed medical expenses for you or your dependent(s) last year. Describe below the reason related to the expenses. If needed, you may be required to provide documentation of expenses.

In the last year did you experience unusual elementary/secondary school, child/dependent care costs, debts, or a reduction in income? Yes No

If yes, please explain below.

Do you anticipate any of the above expenses this year? Yes No

US STUDENTS: Please enter the date you completed the FAFSA (or intend to complete it): _____
Month/Date/Year

If you qualify, do you anticipate requesting a Federal Stafford or Canada Student Loan this academic year?
 Yes No Not applicable

■ understanding and affirmation

By signing below I affirm that the information provided on this financial aid application and this academic year's Free Application for Federal Student Aid (FAFSA) is/are correct. I understand that the AMBS financial aid office reserves the right to request verification of any information I have provided here or on my FAFSA. I agree to advise the financial aid office of any significant changes in this statement of my financial circumstances, including additional financial assistance. I understand that misrepresentation or omission of facts shall be considered sufficient cause for revocation of a grant or scholarship.

Signature

Date

financial aid application

■ cost of attendance/budget guidelines

Estimated expenses for full-time student (based on 27 credit hours)	Living on campus	Living off campus
Tuition & fees	\$ 12,231	\$ 12,231
Books/supplies	\$ 1,350	\$ 1,350
Rent/utilities	\$ 5,400	\$ 7,737
Food/household	\$ 3,890	\$ 3,890
Personal	\$ 2,675	\$ 2,675
Transportation	\$ 2,575	\$ 2,575
Health Insurance (AMBS)	\$ 761	\$ 761
Medical/dental (not covered by insurance)	\$ 1,220	\$ 1,220
TOTAL ESTIMATED COST OF ATTENDANCE	\$30,102	\$32,439

■ housing rates

Housing		Monthly rate
1 bedroom apartment	Couple/family	\$ 610
	1 person	\$475
2 bedroom apartment (utilities not included)	Couple/family	\$ 590
	Per roommate (2)	\$ 300
3 bedroom apartment	Family	\$870
	Per roommate (3)	\$310
Studio apartment	Single	\$425
3 bedroom house	Family	\$925
	Per roommate (3)	\$320
Dyck guesthouse - basement apartment	Couple	\$540
Fery Guesthouse apartment	Single	\$270



church partnership form

2011-2012

AMBS

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Office of Financial Aid
3003 Benham Avenue
Elkhart, Indiana 46517-1999

800 964-2627 or 574 296-6266
jwalker@ambs.edu

Associated Mennonite Biblical Seminary serves the church as a learning community with an Anabaptist vision, educating followers of Jesus Christ to be leaders for God's reconciling mission in the world.

■ eligibility

Full-time, admitted students may receive dollar-for-dollar matching grants of up to \$1,500 per regular semester (fall and spring), or \$3,000 per year, and a 25% match on contributions beyond \$1,500 per semester. Matching funds are not granted for courses taken during Interterm or summer sessions. **Matching grant funds are a part of the student's AMBS financial aid package and may be capped when AMBS grant totals meet the maximum amount that the student is qualified to receive.**

Part-time, admitted students may receive a 25% matching grant to a maximum of \$125 per semester, fall and spring.

One-course, non-admitted students are not eligible to receive AMBS matching grants.

■ instructions

1. A church partnership form must be completed, including the appropriate church official's signature, and submitted to the financial aid office. Incomplete forms will not be processed.
2. Church partnership forms must be submitted by the May 1 financial aid deadline with the student's financial aid application.
3. Church contributions (checks/money orders) should be payable to AMBS with the student's name included in the "memo" portion or check stub.
4. Matching funds will not be applied to the student's account until funds are received from the church or conference.
5. Students must pay their balance in full by the first day of classes, so it is preferable that church contributions are also received by this time. However, if a church partnership form has been received for a student, he/she will not be assessed a late fee for the expected funds and respective matching grants until **October 1** (for fall semester contributions) and **March 1** (spring semester contributions). If committed funds are not received by the respective dates, the student will be assessed a late fee of \$25 and held responsible for paying their outstanding balance. **Church/conference contributions received after a semester has ended will not be matched.**

Please fill out the form on page 2 and return it to the above address.

church partnership form | 2011–2012

■ student information

Student name _____ E-mail _____

■ congregation/conference information

Name of congregation or conference _____

Contact person _____

E-mail _____ Phone _____

Address _____
Street, box number or rural route City State/Province Zip

Signature of church official

Date

■ contribution information

Please indicate how you wish to allocate your contribution: Fall \$ _____ Spring \$ _____



scholarship application

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3003 Benham Avenue
Elkhart, Indiana 46517-1999

800 964-2627 or 574 296-6266
jwalker@ambs.edu

Associated Mennonite Biblical Seminary serves the church as a learning community with an Anabaptist vision, educating followers of Jesus Christ to be leaders for God's reconciling mission in the world.

AMBS offers several scholarship opportunities to students. To apply, complete the information below and attach any required essays or letters. Even if you do not qualify for any of the scholarships listed below, your submission of this form may aid in matching your ministry experience with future scholarship opportunities as they become available.

Name _____
First Middle Last

Home/attending congregation: _____
Street address City State/Province Zip/Postal Code

District/conference (Mennonite students only): _____

Program of study: MDiv MACF MAPS MATS Concentration _____

Please indicate the scholarship(s) for which you are applying:

AMBS Next Generation Award (February 1 application deadline)

For newly admitted full-time Mennonite students pursuing an M.Div degree, student must submit a 5-10 page essay on "The Church" and be admitted by the February 1 deadline for the upcoming academic year (in addition to completing the financial aid application).

AMBS Church Leadership Award (February 1 application deadline)

For newly admitted full-time Mennonite students pursuing an M.Div or an M.A. degree, student must submit a 5-10 page essay on "The Church" and be admitted by the February 1 deadline for the upcoming academic year (in addition to completing the financial aid application).

Steiner Bi-vocational Scholarship (May 1 application deadline)

Open to students of any Anabaptist denomination, students must submit an essay of at least one paragraph describing plans for ministry and qualification for the scholarship. Full or part-time students may apply by the May 1 deadline.

Multicultural Scholarship (May 1 application deadline)

Open to full-time students of any Anabaptist denomination, students must submit a one-page essay describing plans for ministry and qualification for the scholarship by the May 1 deadline.

International Student Scholarship (May 1 application deadline)

Full-time international students (other than North Americans) with substantial financial support from their church may apply by the May 1 application deadline.

AMBS/MCEC Study Fund (May 1 application deadline)

Pastors from the Mennonite Church Eastern Canada are welcome to apply by the May 1 application deadline. Priority will be given to students who are entering their last year of study.

Other _____

Briefly describe your past/current experiences as well as your future plans for ministry below.



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3003 Benham Avenue
Elkhart, Indiana 46517-1999

Telephone 574 295-3726
Toll free 1 + 800 964-2627
Fax 574 295-0092
E-mail admissions@amb.edu

special scholarships

fact sheet

Associated Mennonite Biblical Seminary serves the church as a learning community with an Anabaptist vision, educating followers of Jesus Christ to be leaders for God's reconciling mission in the world.

■ **AMBS Full Tuition Scholarships** **Church Leadership Award**

A scholarship program intended to encourage and support outstanding Mennonite students with gifts for ministry as they prepare to serve the church. This award provides a full-tuition grant to a new student beginning a Master's program. The recipient may receive this grant for two or three years by meeting certain conditions. Awards are available based upon prior recipient's graduation.

Werner K. Fransen Next Generation Scholarship **Earl & Florence Schlegel Next Generation Scholarship**

The Next Generation Scholarships are intended to encourage and support outstanding Mennonite students with gifts in church leadership. This scholarship provides a full-tuition grant and a stipend for living expenses up to \$4,000 each year to a new student beginning the Master of Divinity program. The recipient may receive this scholarship for three years by meeting certain conditions. Awards are available based upon prior recipient's graduation.

Criteria for award recipients

Recipients will be Mennonites who are members in good standing of a congregation in Mennonite Church Canada, Mennonite Church USA or a related Mennonite group. The decision to award a grant will be based on four factors:

1. Previous academic performance, based on information gained from transcripts and references including a minimum GPA of 3.5.
2. Leadership potential and demonstrated skills, based on information gained from references.
3. Theological discernment, based on a five- to ten-page paper written on the subject of "The Church."
4. Personal character and emotional health, based on information gained from references.

Recipients will be new students who have not been previously enrolled in AMBS courses.

Procedures to apply for AMBS full-tuition scholarships

Applicants must submit the following by **February 1** for the upcoming academic year:

1. A completed application for admission with all supporting materials, including transcript(s) and references
2. A completed application for financial aid, including FAFSA submission (if U.S. citizen or permanent resident).
3. A five- to ten-page paper on the subject of "The Church"

In addition, candidates for the Next Generation Scholarship may be interviewed.

special scholarships | fact sheet

Understandings for full tuition award recipients

1. Recipients will be enrolled as full-time students (full-time is defined as nine credit hours or more per semester plus one short-term course during Interterm or the summer).
2. Students in the M.Div. program are eligible to receive the award for three (3) years. Students in an M.A. program are eligible to receive the award for two (2) years.
Note: To finish a degree in the allotted timeframe a student must complete a minimum of 30 credit hours per year, which generally consists of 12 hours per semester plus a short-term course during Interterm and another short-term course in the summer.
3. Eligibility from year to year will be based on satisfactory progress toward the completion of the degree, including:
 - Maintaining a 3.0 GPA
 - Continuing as a full-time student
 - Supporting and adhering to AMBS community life standards
 - Assuming leadership responsibilities on the AMBS campus
 - Recipients of the Next Generation Scholarship are required to live in AMBS campus housing in order to receive the living stipend of \$4,000/year.
4. Recipients will not be eligible for need-based AMBS grants, including AMBS matching grants, in addition to the full-tuition award.

■ special scholarships

Special scholarships may be awarded each year to students who met eligibility requirements for and applied to receive either a Church Leadership Award or a Next Generation Scholarship but were not selected by the scholarship committee as a recipient of either. This award provides a grant of 60% of tuition to a beginning student in a master's program. The recipient may receive this grant for two or three years by meeting certain conditions.

Criteria for special scholarships

Recipient will have met eligibility requirements for and applied to receive either a Church Leadership Award or Next Generation Scholarship but was not selected by the scholarship committee as a recipient of either award.

Understandings for special scholarship recipients

1. Recipients will be enrolled as full-time students (full-time is defined as nine credit hours or more per semester plus one short-term course during Interterm or the summer).
2. Students in the M.Div. program are eligible to receive the award for three (3) years. Students in an M.A. program are eligible to receive the award for two (2) years. *Note: To finish a degree in the allotted timeframe a student must complete a minimum of 30 credit hours per year, which generally consists of 12 hours per semester plus a short-term course during Interterm and another short-term course in the summer.*
3. Eligibility from year to year will be based on satisfactory progress toward the completion of the degree, including:
 - Maintaining a 3.0 GPA
 - Continuing as a full-time student
 - Supporting and adhering to AMBS community life standards
4. Recipients will not be eligible to receive additional AMBS grants in addition to the special scholarship award, including AMBS matching grants.

special scholarships | fact sheet

■ other scholarships

The Steiner Bivocational Scholarship

This scholarship assists persons annually who are training for bivocational ministry or who are pastors coming from a situation where they combine their congregational ministry with other employment. Up to full tuition may be covered for one student, or smaller grants may go to more than one student, depending on eligibility and demand. Full- or part-time students are welcome to apply.

Mission–Evangelism Scholarships

Mission-Evangelism scholarships are available annually to international students who are sent to AMBS by their home churches with a commitment to return to their home countries and who have additional church agency support. AMBS will give priority to students identified by the AMBS Mission Studies Center in dialogue with Mennonite Church mission and service agencies and partners. Up to three scholarships of up to \$5,000 (in addition to need-based AMBS grants) are available each year.

Multicultural Scholarships

Multicultural scholarships are available annually for students (of any race) preparing to minister in a racial/ethnic context and who will contribute to the multicultural ethos of the church. AMBS will give priority to students identified by the AMBS Mission Studies Center in dialogue with Mennonite Church mission and service agencies and partners. Scholarships of varying amounts are given in addition to need-based AMBS grants each year.

The MCEC/AMBS Study Fund

This fund is used to assist a pastor/student from the Mennonite Conference of Eastern Canada who needs approximately one year of residency to complete a degree at AMBS. Amounts vary from year to year, and priority will be given to pastors/students entering into their last year of study..

■ additional information

For more information, contact the AMBS Financial Aid Office:

Jody Walker

1+800 964-2627 or 574-296-6266

jwalker@ambs.edu

The AMBS Web site includes information about how to apply for financial aid, an estimated expense worksheet and the Financial Aid Application. Go to www.ambs.edu. Select Student Services on the home page, then Financial Aid.