

Accommodation Grant Application

| Name: | | |
|---|---|--|
| Address: | | |
| Phone: | Mobile: | |
| Email: | | |
| | | |
| Based on the application criteria, plea | ase state: | |
| Why you believe you should receive a | nn accommodation grant: | |
| | | |
| | | |
| What is your family's (parents) curren | nt role in Christian Ministry? | |
| | | |
| How long have they been involved in | n Christian Ministry? | |
| | | |
| Have you applied for any other schola | arships? If yes please provide details below: | |
| Applicant signature | Dated / / | |

(Please include documentation to verify your family are missionaries or in full-time ministry. Answers can be expanded to additional pages if required. <u>Submit application via email to info@bsh.nz)</u>