

APPLICATION FOR CRE COURSES

Glassell Fund Committee
The Presbytery of the Pines

Name: _____ Phone: _____

Address: _____

Email: _____

Date of Birth: _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____

Spouse's Name: _____

Dependent children's names and ages: _____

Are there others dependent on you? If so, please list: _____

Name of home church: _____

Describe the specific purpose for which Glassell Funds will be used: _____

The financial assistance is to be applicable for study at:

Name of Institution: _____

Program of Study/Degree: _____

Registered Course/s: _____

Please check one:

_____ Inquirer

_____ Teaching Elder/Minister

_____ Ruling Elder

_____ Candidate

_____ Christian Educator

_____ Lay Member of a Church

ESTIMATED EDUCATIONAL EXPENSES

Tuition _____
Fees _____

Books _____
Board/Travel _____

Total Estimated Educational Expenses: _____

Amount Requested from the Glassell Fund: _____

****I certify that the information contained herein is accurate and complete.**

Signed: _____ Date: _____