

Tel: +6084-321409/330870
Fax: +6084-341409
Website: http://www.mtssibu.edu.my
Email: general@mtssibu.edu.my

Ver: MTS.2020.02

"Friends of MTS" Sponsorship Application Form

Section A:

occion A.					
Name					
	(to be filled with capital letters)				
No. IC / Passport No.					
Sex			Marital Status:		
Spouse's Name			No. of Children:		
Permanent Address					
Program					
Contact No.	H/P:		Home:		
Email					
Section B: I. Financial Resou	ırce				
Self-support (must fill with figure)		RM	(per semester)		
Church (must fill with figure)		RM	(per semester)		
"Friends of MTS" Sponsorship		RM	(per semester)		
II. Length of Spons	sorship				
☐ Full of duration of the Program		From: / / / YY	To: / YY		
☐ Current academic year only		From: /	To: / YY		
☐ Current study period only		From: /	To: /		



卫理神学院 Sekula Teologi Methodist Methodist Theological School

51, Jalan Tun Abang Haji Openg, 96007, Sibu, Sarawak, Malaysia.

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(State your current financial status, financial care)	aimculties, financial resources.	, burdens under your
Section C: Pastor Recommendat		
would like to	recommend	to apply
Friends of MTS" Sponsorship. a. How long have you been knowing each other	ar? (Please 1/)	
1-2 years 3-4 years 5-6 y	ears 7-9 years	Above 10 years
o. How well do you know him/her? (Please $\sqrt{\ }$)		
Not really Pretty well	Very well	
c. State your comprehension towards applican	t's financial status	
. Otato your comprehension towards applican	to infariour status.	
		
	Pastor's Signature	·
¯el :(H)	(O)	(H/P)
Address :		
Church :		
		2 P a g e

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Section D: Declaration by Applicant

		7				
	grade B every a. For the first	nat I must meet the minimum semester to receive sponsors time, 25% of total pocket mo secutive failure, sponsorship	ship. If I fail to achieve su ney will be deducted. No	ch requirement:		
		derstand that penalty will be imposed if I fail in any of the subjects. Theo/Pre-Theo: RM 300 subject; STMS: RM120 per subject.				
	I understand that I must contribute at least three-hour MTS Community service to the School weekly as assigned by Dean of Students. Replacement will be required in the event of absence for service.					
	I understand that upon graduation, I must return to serve in my respective country or Annual Conference.					
	I understand the MTS before I g	nat I will be required to pay braduate.	eack the Fund if I intend	to terminate my study in		
	Date	Student signature	e			
Impo	ortant remarks:					
1. 7	This application form	n should be submitted before the se	emester starts.			
2. 7	The approval will be	subjected to the faculty's decisions	s, including the total amount to	o be sponsored.		
	MTS reserves the reconditions.	ight to change, amend, modify, co	ntinue or terminate all or any	part of the above terms and		
	PARE	ENTS OR GUARDIAN SI	GN BELOW AS GUA	ARANTOR		
	Date	Guarantor name	Signature	Relationship		

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For Office Use:

Section E: Approval

Methodist Theological School

On behalf of the Methodist Theological Sch	nool, Sibu, with our signatories below, we approved
the Friends of MTS sponsorship to be granted to	
with the terms and conditions stated above.	
Amount of sponsorship (per semester): RM	
	Date:
Rev. Dr. Ling Tung Kiing Academic Dean, Methodist Theological School	
	Date:
Rev. Dr. Khoo Ho Peng Principal,	