



“FRIENDS OF MTS” SPONSORSHIP APPLICATION FORM

Section A:

Name	<i>(to be filled with capital letters)</i>	
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 Resource

Self-support *	RM _____ (per semester)
Church *	RM _____ (per semester)

**Require to contribute a certain amount*

II. Length of Sponsorship

<input type="checkbox"/> Full of duration of the Program	From: _____ / _____ To: _____ / _____ MM YYYY MM YYYY
<input type="checkbox"/> Current academic year only	From: _____ / _____ To: _____ / _____ MM YYYY MM YYYY
<input type="checkbox"/> Current study period only	From: _____ / _____ To: _____ / _____ MM YYYY MM YYYY



III. Reason for Applying Sponsorship

(State your current financial status, financial difficulties, financial resources, burdens under your care)

Section C: Pastor Recommendation

I _____ would like to recommend _____ to apply
"Friends of MTS" Sponsorship.

a. How long have you been knowing each other? (Please √)

<input type="checkbox"/>	1-2 years	<input type="checkbox"/>	3-4 years	<input type="checkbox"/>	5-6 years	<input type="checkbox"/>	7-9 years	<input type="checkbox"/>	Above 10 years
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b. How well do you know him/her? (Please √)

<input type="checkbox"/>	Not really	<input type="checkbox"/>	Pretty well	<input type="checkbox"/>	Very well
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c. State your comprehension towards applicant's financial status.

Pastor's Signature: _____

Date: _____

Tel : _____ (H) _____ (O) _____ (H/P)

Address : _____

Church : _____



Section D: Declaration by Applicant

- I understand that I must meet the minimum requirement of CGPA and the average conduct of grade B every semester to receive sponsorship. If I fail to achieve such requirement:
- For the first time, 25% of total pocket money will be deducted. Notification will be received.
 - For the consecutive failure, sponsorship will be terminated.
- I understand that penalty will be imposed if I fail in any of the subjects. Theo/Pre-Theo: RM 300 per 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 that I will be required to pay back the Fund if I intend to terminate my study in MTS before I graduate.

Date

Student signature

Important remarks:

- This application form should be submitted before the semester starts.
- The approval will be subjected to the faculty's decisions, including the total amount to be sponsored.
- MTS reserves the right to change, amend, modify, continue or terminate all or any part of the above terms and conditions.

PARENTS OR GUARDIAN SIGN BELOW AS GUARANTOR

Date

Guarantor name

Signature

Relationship



For Office Use:

Section E: Approval

On behalf of the Methodist Theological School, Sibul, 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. Lu Chen Tiong
Academic Dean,
Methodist Theological School

Date: _____

Rev. Dr. Khoo Ho Peng
Principal,
Methodist Theological School