



Pine Hill Divinity Hall  
660 Francklyn Street, Rm.124  
Halifax, N.S. B3H 3B5  
T: (902) 423-3158  
[pinehill@astheology.ns.ca](mailto:pinehill@astheology.ns.ca)

Academic Year: \_\_\_\_\_ **Due Date: August 31<sup>st</sup> / ASAP**

**APPLICATION FOR LAY MINISTRY BURSARY**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
(IN FULL)

E-MAIL: \_\_\_\_\_

YEAR OF STUDY (e.g. 1<sup>st</sup> of 3): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**Please attach a letter from the Board Minister/Chair confirming that you are a full member of UCC**

**PAST EXPERIENCE IN THE CHURCH (SPECIFY)**

**PROJECTED PLANS FOR LAY MINISTRY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **GUIDELINES FOR ADMINISTERING THE LAY MINISTRY BURSARY**

1. To be eligible a person must:
  - a. Be a member in good standing of the United Church of Canada.
  - b. Be enrolled in a certificate program and/or M.Div degree at Atlantic School of Theology.
  - c. Be planning to exercise a Lay Ministry within the United Church of Canada.
2. The amount to be awarded will equal to one full student tuition bursary (up to 10 required credits per academic year).
  - a. Students are expected to present a balance sheet with this application for bursary assistance. Forms should be returned to the Secretary of the Pine Hill Board or via email before August 31st or as soon as possible. All applications will be evaluated based on need.
  - b. Whether a bursary should be granted to a person who applies after September 1st is to be decided by the Executive Director and the Chair of the Bursary Committee. Decisions for all applications will be made by mid-September.
  - c. All Pine Hill Bursary Applications must include the following balance sheet.

Thank you!

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**Forms should be returned to:**

[pinehill@astheology.ns.ca](mailto:pinehill@astheology.ns.ca)

**Pine Hill, c/o Atlantic School of Theology  
660 Francklyn Street  
Halifax, N.S. B3H 3B5**

**Tel: 902-423-3158**

**CONFIDENTIAL – FOR USE OF PINE HILL DIVINITY HALL ONLY**

Please complete this Balance Sheet as financial need may be taken into consideration when awarding the bursaries.

AST program in which you are enrolled:

\_\_\_\_\_

Course Numbers \_\_\_\_\_

\_\_\_\_\_

**Personal Balance Sheet**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_

Current United Church Community of Faith and Region: \_\_\_\_\_

\_\_\_\_\_

**Assets** (What you own)

Cash \$ \_\_\_\_\_

Bank Accounts \$ \_\_\_\_\_

Stocks / Bonds \$ \_\_\_\_\_

Real Estate \$ \_\_\_\_\_

Vehicles (market value) \$ \_\_\_\_\_

Retirement savings plans \$ \_\_\_\_\_

**TOTAL ASSETS:** \$ \_\_\_\_\_

**Liabilities** (What you owe)

Current Bills \$ \_\_\_\_\_

Mortgage \$ \_\_\_\_\_

Bank Loan \$ \_\_\_\_\_

Student Loan \$ \_\_\_\_\_

Other (e.g. credit card, LOC) \$ \_\_\_\_\_

**TOTAL LIABILITIES** \$ \_\_\_\_\_

**NET WORTH:** \$ \_\_\_\_\_