



GEORGETOWN WESLEYAN UNIVERSITY OF THE AMERICAS

## Georgetown Wesleyan University of the Americas

### TUITION DISCOUNT APPLICATION FORM

**To the Applicant:**

A tuition discount is available to active pastors and missionaries with a demonstrated financial need. Please verify that you meet these qualifications by affirming the statements below. By signing this form you are certifying that your declarations are true and correct. Purposely falsifying information on this form will result in immediate dismissal from the program of study at GWUA.

*Please Print*

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_ I certify that I am a pastor or missionary actively involved in Christian ministry and duly appointed to a position of service within the Christian community (e.g. church, educational institution, missionary field, etc.). OR, I have credentials from a denomination or church as a professional pastor or missionary and my primary means of support is through my independently organized ministry. Please attach copy of credentials or other ministerial license and describe the nature of your service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ I certify that my total yearly household income (including spousal income) does not exceed \$50,000 (USD). I also declare that I do not have personal savings or investments (other than retirement or pension accounts) that exceed \$5,000 (USD). OR, my household income exceeds this amount but I have extenuating circumstances that should be considered (e.g. excessive medical expenses, indebtedness, familial obligations such as care for elderly parents, etc.). Please describe in detail and disclose total yearly household income: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only:  Application Approved  Application Denied Date \_\_\_\_\_ Initials of Reviewer \_\_\_\_\_