



SCHOLARSHIP

Application form

For Fall Semester
 Spring Semester

Year:

_____ (please fill out)

Send to:

European Theological Seminary
Rippoldsauer Str. 50, 72250
Freudenstadt-Kniebis

Tel. +49 (7442) 4905-0
Fax. +49 (7442) 4905-44
E-Mail: info@ets-kniebis.de
Web: www.ets-kniebis.de

APPLICATION FOR SCHOLARSHIP

PERSONAL INFORMATION

Family Name: _____ First Name: _____ MI: _____
(Please fill in the full name as it will be printed on the certificate or diploma)

Present Address

Street: _____ Nr. _____

Zip Code: _____ City: _____ Country: _____

Telephone: _____ E-mail (obligatory): _____

Birth Date (mm/dd/yyyy): _____ Gender: Male Female

COURSE OF STUDY

I am interested in:

- One Course (Course code and Name) _____
- Foundation
- Diploma in Practical Theology (Youth and Christian Education Emphasis)
- Bachelor with Pastoral Emphasis
- Bachelor with Counseling Emphasis
- Bachelor with Music Emphasis
- Bachelor with Mission Emphasis

SIGNATURES

Name of national Church of God Overseer: _____ Signature: _____

Name of Church of God Superintendent: _____ Signature: _____

AGREEMENT

Your signature on the application form is regarded as agreement with the following:

- A. I hereby consent to the European Theological Seminary gathering, processing and storing the information provided above for the purpose of deciding concerning my scholarship application and contacting regarding other school related issues. I am free to revoke this consent, either in whole or in regard to specific information, at any time.

In accordance with §77 of the General Data Protection Regulation, you are entitled to submit a complaint to the State Data Protection Officer, if you have reason to believe that your personal data has been handled unlawfully.

Date, Place

Signature of the Applicant