

THE URBAN MINISTRY INSTITUTE OF LOS ANGELES

A Ministry of World Impact, Inc.

1977 S. Vermont Ave.
Los Angeles, CA 90007
(323) 735-3400 x372



Financial Aid Application Form

Student Name: _____

Address: _____ City _____ State _____ Zip Code _____

Home Phone Number: _____ Cell: _____ Work: _____

Current ministry at your local Church: _____

How long have you been serving in this ministry? _____

Pastor's Name: _____

Church: _____

Address: _____ City _____ State _____ Zip Code _____

Home Phone Number: _____ Cell: _____ Work: _____

Reason for requesting financial aid:

Amount Requested: _____ Date: _____

Equipping Leaders for the Work of the Ministry

FOR OFFICE USE ONLY

TSDA: _____

TSA: _____

AMOUNT \$ _____