



DAKOTA WESLEYAN UNIVERSITY

Certification of Church Membership

To be completed by the applicant's pastor, then returned to the student or to the DWU Financial Aid Office.

I hereby certify that _____ has been a member of
(Type or print applicant's name)

_____ for at least one year.
(Name of church)

Church Mailing Address:

Street/Box Number _____

City _____ State _____ Zip _____

Church Phone Number: (_____) _____

- The applicant **MUST** be a member of the **United Methodist Church** for at least one year to receive a Dakota Wesleyan University Methodist Grant.

I certify the applicant is a member of the United Methodist Church for at least one year.

Remarks _____

Pastor Name (print) _____

Pastor Signature _____ Date _____

DAKOTA WESLEYAN UNIVERSITY

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Learning, leadership, faith and service