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## 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 \_\_\_\_\_