

EDUCATIONAL ASSISTANCE REQUEST FORM

Ministry Description Form

Download this form to fill in the information, and return by email to HisServant@acem.org.

Please provide as much information as possible.

School Ministry Name: _____

Location/Address
(including country): _____

Has your school used A.C.E. School of Tomorrow's curriculum for at least one year? Yes No

Telephone: _____

Email: _____

Website: _____

Job Title/Position: _____

Reports to/Responsible for Applicant: _____

Title: _____

Contact Person Information: _____

Email: _____

General Job Description: _____

Denomination/Religious Affiliation: _____

Positions Open: _____ Virtual EA Position Available: Yes No

Work/Ministry Experience Requirements: _____

Education Requirements: _____

Applicant Will Provide: _____

School/Ministry Will Provide: _____

Dates for Assistance: _____

Additional Information of Interest: _____
