



Student Tuition Grant Application Academic Year 2009-2010

This application can expand to more than one page and a separate one must be made for each Academic Year.

Full Name _____ Date of Application _____
Last First MI
Daytime Phone _____ Cell Phone _____ Email _____
Degree Program Started Year _____ Semester _____
Term/year Seeking grant: Fall _____ Year _____ Spring _____ Year _____

Ministry Details – indication of ministry impact

Name of ministry _____
Location _____ Affiliation _____
Key Contact : Name _____ Telephone _____
Time Devoted to Ministry: Hours per week _____ or Days per month _____ or Months per year _____
Ministry Purpose and Goals _____

Your responsibilities and accomplishments during last year _____

Financial Need – confidential indication of need

Last year's AGI \$ _____ Current year estimated AGI \$ _____ Total number of dependents _____
Brief statement of need _____

Scholarship – indication of diligence in degree completion

Cumulative GPA _____ Brief statement regarding your scholastic work _____

Estimated course credit hours expecting to take from July 1, 2009 to June 30, 2010 _____