



Application for College Tuition Assistance

This application can be submitted via email to mdepena@grovechurchva.com or delivered to the receptionist's desk in a sealed envelope addressed to Minister Margaret DePena. Note that this form requires 7-10 business days to process. Complete form in its entirety. **Completed applications must be submitted on, or before, July 31 prior to the fall semester of enrollment. Applications submitted after July 31, but no later than December 1, will be considered for an award only if funds are available.**

The following documents are needed to submit your request:

1. An unofficial grad transcript (HS or college)
2. An official invoice from the University detailing the amount owed and all aid received.
3. An official schedule of classes for which you are currently enrolled. If books are needed, that should also be listed.
4. A direct point of contact and phone number to the university/college you plan to attend.
5. The use of funds for reasons other than indicated on this application could exclude future requests and require reimbursement to the church.

Submitting your application without the required documents will delay processing.

Please Type or Print Clearly:

Name _____ Sex: ☐ M ☐ F
First Middle Last

Permanent Address _____ Home Phone: _____
Street Address _____ Cell: _____
City State Zip

Present Address _____ Best Number to Reach You: _____
Street Address _____
City State Zip

Email Address _____

Social Security Number: _____ Current Student Number: _____

Father/Male Guardian's Name _____ Mother/Female Guardian's Name _____

Address _____ Address _____
City State Zip *City State Zip*

Phone: _____ Phone: _____

With which parent/guardian do you live _____

Name of college you attend/plan (*circle one*) to attend this next school year: _____

University/College Address _____ Phone: _____

Street Address _____ Financial Aid Phone: _____
City State Zip

What term do you plan to attend school? ☐ Fall 20__ ☐ Winter 20__ ☐ Spring 20__ ☐ Summer 20__

For which term are you applying for assistance? ☐ Fall 20__ ☐ Winter 20__ ☐ Spring 20__ ☐ Summer 20__

Do you live on campus? ☐ Yes ☐ No

List in chronological order all high schools, colleges, and professional schools you have attended. For colleges, indicate number of hours completed.

Institution Name Dates of GPA for Most Recent Cumulative
Attendance Semester/Term GPA

Institution Name	Dates of	GPA for Most Recent	Cumulative Attendance	Semester/Term	GPA
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

What is your anticipated/current field of study? _____

How sure are you of this? _____
Positive Fairly Sure Not Sure

What is your career goal? _____

How long have you attended Grove Church? _____

How long have you been active in ministry? _____

List the ministries and programs you have been consistently and actively involved in at Grove Baptist Church and indicate your involvement.

Ministries and Programs	Involved In	Indicate Your Involvement
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List Ministry Leader(s) who can be contacted to verify your activities in ministry:

Name: _____ Phone: _____

Have you received financial aid or additional financial assistance (i.e. scholarships, grants)? If so, how much (attach approval documentation)?

Financial Aid or Assistance

Will you be working in the semester you are requesting funds? If so, how many hours per week?

What are your *total expenses* for the semester for which you are requesting funds?

Tuition _____ Room and Board _____ Books _____ Other (please explain): _____

What kind of assistance are you in need of and in what amount (must include documentation for requested balance):

Tuition _____ Room and Board _____ Books _____

How much are parents or guardians paying to assist you in the semester for which you are requesting funds?

Parents or Guardians Paying

SIGNATURE OF AGREEMENT

Carefully read this statement.

By signing below, I hereby authorize every educational institution I have previously attended to release to Grove Church information regarding whether I am enrolled, presently on probation for any reason (less than 2.0 GPA in college), and/or whether I am a student in "good standing" the institution. Upon approval, I understand that I may apply for assistance no more than twice within an academic school year. I also understand that if funds are allotted, they must be used for the intent listed on this application. Applying allotted funds for uses other than indicated can result in the inability to apply for assistance in the future. Approval and the amount of funds granted are based on a first-come, first served basis and budget availability. Awards granted for books require a

receipt returned to Grove Church within 7 days of the purchase. As a recipient, I am expected to excel academically and share my experiences with others. Signing as parent or legal guardian confirms knowledge and consent of the request. Note that completing this form does not guarantee assistance.

Applicant's Signature Date Parent(s)/Guardian(s)

Signature Date

Note that checks are made payable to the University/College.

Approved/ Not Approved (Circle One)

Reviewer Notes/Date:

List award total or reason award was not given:

Requirements of student for service:

Other: