

	Traditional Undergraduate Program	Graduate and School of Professional Studies
<b>NEW Student Eligibility:</b>	This grant is available to students who are members of, or are actively participating in, a church that financially supports William Jessup University at the time of initial enrollment. <i>This grant is not available for the Masters of Arts in Leadership Degree. Students must gain admission to be eligible.</i>	
<b>Amount:</b>	Up to \$13,000 for one academic year based on unmet need after all other free money is counted. Amount will be split evenly for each semester; Spring only awards will be ½ the annual amount.	\$2,000 for one academic year (Fall, Spring, Summer). The student will receive 1/3 of the annual amount (\$667) for each term of enrollment during the academic year. Must be enrolled at least half time.
<b>CURRENT Student Eligibility:</b>	<p style="text-align: center;"><u>A Current Student is eligible to apply under the following two circumstances:</u></p> <ol style="list-style-type: none"> <li>The student was a member of/active participant in a partner church at the time of initial enrollment (amount based on criteria above) OR</li> <li>The church the student was a member of/active participant in <u>prior to initial enrollment at WJU becomes</u> a partner <u>while</u> the student is currently enrolled <b>AND</b> that church continues to be the student's church home (eligible for \$1,500 per academic year)</li> </ol> <p style="text-align: center;"><i>A Current Student IS NOT ELIGIBLE TO APPLY if he/she has joined or began to attend a partner church at any time after initial enrollment at WJU.</i></p>	
<b>Priority Deadline:</b>	Fall – May 1 Spring – December 1	Fall – August 18 Spring – December 15 Summer – April 20
<b>Note:</b>	Funds are limited – priority will be given to early applicants. <b>To RENEW this grant in future years, complete the 'Current Student Re-Affirmation' section <u>ONLY</u>.</b>	

## Student & Church Information

<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Traditional Program
Last Name	First Name	<input type="checkbox"/> School of Professional Studies
		<input type="checkbox"/> Graduate Studies
<input type="text"/>		<input type="text"/>
What academic year or term are you applying/re-affirming?		
<input type="text"/>	<input type="text"/>	
Church Name	Church Address	
<input type="text"/>		<input type="text"/>
How long have you been a member of/active participant in your church?		

## Type of Application

**NEW STUDENT** --- skip to **Page 2** and have your Pastor complete the Pastor Recommendation Section

**CURRENT STUDENT RE-AFFIRMATION** (sign below and return to your FA Counselor):

❖ By signing below, I RE-AFFIRM that:

- I continue to be a member of/active participant in the church listed above.
- It is the same church for which the grant was originally awarded.
- It continues to be the home church for me (and my family, if applicable).

*(If I am no longer involved at this church, I acknowledge that I **must** speak to my Financial Aid Counselor and that I may lose eligibility for this grant.)*

<input type="text"/>	<input type="text"/>
Current Student Signature for Re-Affirmation (required)	Date

# CHURCH PARTNERSHIP GRANT APPLICATION

## Pastor Recommendation (For New Student Applicants Only)

- This recommendation should be completed by any pastor at the church who can insightfully respond to the questions below – typically the pastor for whom the student has had the most interaction/service.
- This grant is intended for individuals who seriously desire a Christian education who have been active participants in the mission of your church. (If you have any concerns about whether this student should receive this grant, please note those below and return the form to us.)

List strong and/or unique characteristics and gifts of this student.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

List all ministries in which this student has actively participated at your church (i.e. service and leadership).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

To your knowledge, would this student need significant financial assistance to be able to attend WJU?

\_\_\_\_\_

\_\_\_\_\_

What other specific reasons exist for this student to receive this grant?

\_\_\_\_\_

\_\_\_\_\_

## Pastor's Signature

By signing this form, I certify that I have read, understood, and accepted the guidelines on this form. I also affirm that the above information is true, accurate and complete and that this application is submitted in accordance with all guidelines governing the Church Partnership Grant.

\_\_\_\_\_

Pastor's Signature (required)

\_\_\_\_\_

Date

\_\_\_\_\_

Print Pastor's Name and Title

\_\_\_\_\_

Pastor's Phone Number

**Please return this application to:**

William Jessup University • Attn: Church Relations Office • 2121 University Ave. • Rocklin, CA 95765

F o r C h u r c h R e l a t i o n s O f f i c e U s e O n l y

Approved By / Date

Month/Year Church Became A Partner