

PURPOSE

This application is used to verify eligibility for the Christian Worker Dependent Scholarship.

BASIC INFORMATION

Student Name _____

Biola ID# _____

A. SCHOLARSHIP CONDITIONS/REQUIREMENTS

- The student must be a dependent undergraduate as defined by the FAFSA, who parent(s) worked full-time in a Christian non-profit organization in 2008 (excluding Biola University).
- The scholarship will be renewed according to the original requirements and conditions under which the initial award was granted.
- Students receiving a tuition waiver are not eligible for this scholarship.
- The family's 2008 primary source of income must come from the parent's involvement in full-time ministry.
- The scholarship is based on the availability of funds and is subject to government regulations requiring the coordination of federal and state aid, which may result in a reduction of the scholarship.
- The scholarship is based on full-time enrollment (12 units or more) and will be prorated for part-time enrollment (6-11 units).

B. PARENT INFORMATION

Name of Parent(s) With Ministry Occupation _____

Name of Ministry Employer _____

C. SIGNATURES

 **PLEASE SIGN AND RETURN THIS COMPLETED FORM TO THE FINANCIAL AID OFFICE.** Failure to do this will delay your financial aid process. Unsigned and incomplete forms will be returned unprocessed.

Please check **ONE**:

- YES**, our signatures verify that we continue to meet the above requirements for renewing the Christian Worker Dependent Scholarship.
- NO**, we no longer meet the requirements for the scholarship and hereby acknowledge my/our ineligibility for renewal.

Student Signature _____

(Required of all applicants)

Date _____

Parent Signature _____

(Required of parent involved in ministry)

Date _____