

Covenant Children's Ministries
PO Box 518
Princeton, IL 61356

THIS APPLICATION IS FOR ASSISTANCE UNDER THE TERMS OF THE STERNER FUND POLICIES.
(See attached letter for guidelines.) **APPLICATION DEADLINE: JUNE 10 (please apply as early as possible)**

FIRST TIME APPLICANTS, DETAIL ANY CONNECTION WITH COVENANT CHILDREN'S MINISTRIES AND YOUR RELATIONSHIP WITH GOD. USE A SEPARATE PIECE OF PAPER. (Do not forget your letters of recommendation - See Section 8)

Section 1 - General Information

Name _____
Home Address: City, St, Zip _____
On Campus Address: City, St, Zip _____
Home Phone No. _____ School/Cell Phone _____
Date of Birth _____ Social Security No. _____
Marital Status _____ No. of Minor Children _____
Email Address _____ School Year _____

Parental Information - Complete if student is claimed as a dependent, or under age 21.

Name of Parents _____
Address _____
Age of Older Parent _____ Marital Status _____

Names of Dependent Children in college in coming school year supported by parental income:

Section 2 - Academic Plans and Background (any higher education qualifies)

(Reapplicants do not need to fill in High School information)

Name and city of school (starting with high school)	Yrs.	GPA	Degree/Diploma-Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Currently Enrolled _____
Major/Minor _____
Vocational Goal _____
Part/Full Time _____
Academic Hours / Term _____ GPA last completed term _____
Projected Graduation Date _____ GPA overall _____

Have you ever served on staff at a Christian summer camp? _____
Where and when? _____

PLEASE NOTE THAT IN ORDER TO RECEIVE FUTURE BENEFITS FROM THE FUND, YOU MUST SEND A COPY OF YOUR GRADES TO COVENANT CHILDREN'S MINISTRIES AT THE END OF EACH TERM.

Section 3 - Other Annual Financial Assistance

Check all that apply:

Amount

<input type="checkbox"/>	Monetary Award Program (MAP Grants)	_____
<input type="checkbox"/>	Merit Recognition	_____
<input type="checkbox"/>	Illinois State Scholar	_____
<input type="checkbox"/>	Federal Stafford Loan	_____
<input type="checkbox"/>	Federal Supplemental Loan	_____
<input type="checkbox"/>	Federal PLUS Loan	_____
<input type="checkbox"/>	Illinois College Accounts Network (ICAN)	_____
<input type="checkbox"/>	College Work Study	_____
<input type="checkbox"/>	Academic Scholarship	_____
<input type="checkbox"/>	Faculty Award	_____
<input type="checkbox"/>	Pell Grant	_____
<input type="checkbox"/>	Illinois Student Assistance Monetary Award	_____
<input type="checkbox"/>	GI Bill	_____
<input type="checkbox"/>	Church or related scholarship	_____
<input type="checkbox"/>	Bank Loan	_____
<input type="checkbox"/>	Work off campus; part / full time	_____
<input type="checkbox"/>	If not, why not?	_____
<input type="checkbox"/>	Other Sources	_____
	Section 3 Total	_____

Section 4 - Annual Financial Need

Expenses	Tuition	_____	Sources	Section 3 Total	_____
	Fees	_____		Savings	_____
	Books, Supplies	_____		Parental Support	_____
	Room and Board	_____		Other	_____
	Living Expenses	_____			_____
	Travel	_____			_____
	Misc	_____			_____
	Total	_____		Total	_____
	Need - Difference between expenses and sources				=====
	Amount Requested				=====

Section 8 - References

FIRST TIME APPLICANTS MUST include letters of recommendation from two, non-related persons. If possible, include one from a minister. Please do not include friends or classmates for references.

Section 9 - Applicant's Statement (the application will not be considered without a signature)

I am in need of a loan or grant in order to commence or continue my education.

I am undertaking or will undertake the educational work described above.

I will use the proceeds of the loan or grant only for the payment of tuition and required fees, room and board, books, equipment and materials, and travel expenses.

I agree to notify CCM of any change in my name or address, or graduation/withdrawal from school.

I understand that CCM has the right to cancel all rights and benefits of financial aid if any irregularities are verified.

I agree to inform CCM of any financial awards I may receive from sources other than CCM both before and after my application is returned. I realize that failure to comply with this agreement may result in ineligibility to receive financial aid.

I understand that I am receiving the funds in accordance with the attached guidelines and that the funds must be used in compliance with them.

I understand that my total resources may not exceed my computed financial need and that CCM may revise my aid award at any time to prevent such an occurrence.

I understand that the amount awarded will likely not meet my need, but will be helpful for purchasing books, supplies, and other miscellaneous expenses.

I recognize that repaying grants/scholarships enables CCM to make funds available to other students. Although not required, I will try to repay any grant made to me if I am able to do so.

I hereby acknowledge that the information submitted herewith is true and correct and I fully understand my obligation incurred by the grant and loan and the condition of repayment.

Date _____

APPLICANT SIGNATURE

Section 10 - Statement of Parent or Guardian if applicant is a dependent

I have read the foregoing application in full and assert that the financial income and asset information in Sections 4 and 5 is correct. It is with my knowledge that the applicant is requesting assistance to further his (her) education.

Date _____

PARENT or GUARDIAN SIGNATURE