**STUDENT GRANT APPLICATION PACKET**

The following guidelines have been established for determining recipients of the Student Grant Fund:

1. Recipient must be an active member of the Presbyterian Church living according to the church's faith and doctrine.
2. Recipient must possess a school record indicating ability to successfully complete academic or vocational work. Students applying for renewal must show satisfactory progress by college transcript.
3. Grants will be given only to students, age 17 to 25 doing undergraduate work. Grants are limited to four years.
4. Personal reference report forms must be filled out by:
5. The pastor or session member of his/her home church.
6. A local member of Presbyterian Women who should personally interview the student; plus
7. A scholastic recommendation from a teacher or counselor.
8. Only one student in a family will be helped at a time. No more than two from a church will be helped at one time.
9. Consideration will be given to need as well as scholarship.
10. Grants are not automatically renewed. New and renewal candidates will be considered on an equal basis. Renewal applicants need only file an application and fall semester transcript.
11. Completed application, official transcript and three personal references report forms MUST be sent to the Student Grant Coordinator by **MARCH 16**. Applicants will not be considered unless this is done. Recipients will be notified by April 1.
12. Should a grantee choose not to use his/her grant for the semesters designated, those funds will be granted to another applicant chosen by the Student Grant Committee.

Applications and personal report forms may be obtained from the local church Moderator of Presbyterian Women, PW Grant Coordinator, local Presbyterian Youth Director, Pastor and the Indian Nations Presbytery website at [www.okinp.org/documents](file:///%5C%5CINPDC1%5CCompany%5CForms%5CRemittance%20Forms%5CStudent%20Grant%20Application%20packet.rtf), Presbyterian Women.

Bobbie Heimbach

PW Student Grant Coordinator

10800 Bayberry Dr

Oklahoma City, OK 73162-6718

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** |  | **Social Security No.** |  | **Date of Birth** |  |
| **Name** |  | M |  | F |  | **Phone** |  |
| **Address** |  |
| **Father’s Name** |  | **Occupation** |  |
| **Address** |  |
| **Mother’s Name** |  | **Occupation** |  |
| **Address** |  |
| **Church Membership** |  | **Church Address** |  |
| **School you plan to attend**  |  |
| **Full address of school officer where grant will be sent:** |
|  |
| **ATTACH A PARAGRAPH** expressing your interests, course of study and career plans. |
| **Total Family Income** |  |  | **Number of Dependents** |  |
| **Unusual demands of family income**: |  |
|  |
|  |
| **FINANCIAL INFORMATION:** This section MUST be completed. |
| Total cost – two semesters | Total income – two semesters |
| Tuition |  | Parents |  |
| Board/Room |  | Summer job |  |
| Books |  | Work-study |  |
| Fees |  | Scholarship |  |
| Other |  | Grants |  |
| Total |  | Total |  |
| **Funds from this grant will be distributed on August 15 and January 15 to the school recipient designated.** |
| **LIST THREE REFERENCES** (Forms attached) |
| **1.** | **Minister or session member** |  |
|  | **Address** |  |
| **2.** | **Local member of Presbyterian Women** |  |
|  | **Address** |  |
| **3.** | **Scholastic recommendation** |  |
|  | **Address** |  |

**MAIL APPLICATION WITH OFFICIAL TRANSCRIPT BY MARCH 16 to:**

Bobbie Heimbach

PW Student Grant Coordinator

10800 Bayberry Dr

Oklahoma City, OK 73162-6718

The person listed below is an applicant for a Presbyterian Women of Indian Nations Presbytery grant. In awarding grants, it is the desire of the committee to select the most worthy applicants from the standpoint of financial need, character, and capacity for further Christian development. We must rely on you to aid us in this decision, and we will appreciate your frank appraisal of the applicant. All information submitted will be regarded as confidential.

Thank you for your cooperation in this important program. After completing this form, the person signing it should mail it directly to:

 Bobbie Heimbach

 PW Student Grant Coordinator

 10800 Bayberry Dr

 Oklahoma City, OK 73162-6718

**The form must be received by March 16.**

|  |  |
| --- | --- |
| **Name of applicant** |  |
| **Address** |  |
| **How long have you known applicant?** |  |
| **In what capacity?** |  |

On the basis of your knowledge concerning financial status, please check the section below which best describes the applicant’s need:

|  |  |  |
| --- | --- | --- |
| **A** |  | Unable to attend school without financial aid. |
| **B** |  | Could attend school without financial aid, but would need to be employed. |
| **C** |  | With careful planning, could attend school without financial aid or employment. |
| **D** |  | Does not need financial aid. |
| **E** |  | Financial status unknown. |

From the standpoint of character is there any reason why this applicant should not receive a grant?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  |  | Please explain: |

|  |
| --- |
|  |
|  |

How active is this applicant in his/her church and/or school?

|  |
| --- |
|  |
|  |
|  |

Additional comments:

|  |
| --- |
|  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Title/Occupation |  |
| Address |  |
| Date |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **School you are now attending:** |  |

|  |  |
| --- | --- |
| Has there been any change in your financial status since your original application? |  |

If so, use the following space to explain.

|  |
| --- |
|  |
|  |
|  |
|  |

**Attach a copy of your latest transcript and mail to the student grant coordinator by March 16:**

Bobbie Heimbach

PW Student Grant Coordinator

10800 Bayberry Dr

Oklahoma City, OK 73162-6718