GRACELAND
UNIVERSITY

FAITH COMMITMENT GRANT PROGRAM

Graceland University may match grants that have been designated for a Graceland student from a congregation or church jurisdiction of any non-Community of Christ denomination—**up to $500** per academic year. The grant must be from funds authorized and generated by a congregation or jurisdiction. Some examples of fund sources are memorial funds, youth fundraisers, and special offerings. Families of the student may participate by giving to the fund *if* they are not the major contributor and if the church has complete discretion to determine the recipient as well as the timing and amount of the award. Grants will be awarded on a first come, first served basis. Notification of any matching grant award will be sent to the student as a part of the financial aid award process.

Criteria to Meet

- Student must be enrolled full-time and making satisfactory academic progress as outlined in the Graceland University online catalog.
- Student must live in a residence hall on campus, *unless* he/she is residing with parents or legal guardian, is married, living in the Kansas City area while enrolled in the clinical nursing program or approved to live off campus.
- If Financial Aid Services is notified of this award after the student has received a financial aid package, this award may change the student's award package, not add to the previously awarded amounts.

If you have any questions, please write to the address below or call 641.784.5140. **A verification sheet is required for each student.** Please send your verification form and payment to: Graceland University, Financial Aid Services, 1 University Place, Lamoni, IA 50140.

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Verification

On behalf of_____   _____
                          Student Name   Social Security Number

The enclosed check in the amount of _____ is submitted by _____
                                                                                                    Congregation

Congregation Address _____
                                                    Street   City/State   ZIP code

Congregation Phone _____ E-mail_____

I certify that the funds provided meet the terms of the Matching Grant Program as described above.

_____   _____
          Authorized Church Official's Signature   Date

12/10