

# Bethel Seminary Church Residency Scholarship Agreement Form

In support of the Seminary Church Residency Scholarship Program, Bethel agrees to offer \$400 per semester to the student named below, provided:

The student ...

- enrolls at least half-time (3 hours/semester) and remains in good standing at Bethel;
- does not have an enrollment status of 'doctoral,' 'certificate,' or 'special';
- does not benefit from a full-tuition remission program (e.g., from Bethel, the military, or other organizations or sources).

The church ...

- submits the Scholarship Agreement Form to the Office of Financial Aid, postmarked **by August 1** (for students starting in fall), **by December 1** (for students starting in spring), or **by May 1** (for students starting in summer), and
- **maintains a formal mentoring or residency experience** for each student, and
- is encouraged to contribute a minimum of \$400 per semester towards each of the Church Residency Scholarship recipient's educational expenses. Payments should be sent to the Bethel University Business Office at 3900 Bethel Drive, St. Paul, MN 55112. Be sure to include each student's Bethel ID with payment **as well as note that the payment falls under the Seminary Church Residency Scholarship Agreement.**

## An Agreement between the Student, Church, and Bethel Seminary

### Part I: Student *(required)*

Legal Name:			
_____			
Last	First	Middle	
Bethel ID (if known): _____			
Date of Birth (only if Bethel ID not listed): ____/____/____ SSN (only if Bethel ID not listed): ____-____-____			
Email Address: _____			
Phone: (____) _____			
(check one: <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell)			
Home Address:			
_____			
Street Address	City	State	Zip Code
How many credits do you plan to take each term? Fall: _____ Spring: _____ Summer: _____			
Student status (only if Bethel ID not listed): <input type="checkbox"/> Continuing Student <input type="checkbox"/> New Student			
Are you pursuing a Master's Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>NOTE: If you are not pursuing a Master's Degree, you are not eligible for this Scholarship Agreement.</i>			

**Part II: Student Additional Financial Aid Information** *(required)*

Do you also wish to be considered for other types of financial aid (like federal loans)?  YES  NO

If yes, please also submit the following document:

1. FAFSA (Free Application for Federal Student Aid at [studentaid.gov](http://studentaid.gov); Bethel's FAFSA Code is 002338)

*NOTE: The FAFSA is not a requirement for this Scholarship Agreement. However, the FAFSA is required if you wish to pursue a direct student loan.*

**Proxy Access:**

FERPA prohibits us from discussing or releasing information about your financial aid without your authorization. If you would like your spouse, parents, or other third party to view such information in your student account, you can authorize access.

**My name in the field below serves as my signature and indicates that the information I have provided is true and complete.**

Type Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part III: Church** *(To be completed by the Church Pastor or Church Financial Secretary - required)*

By agreeing to this form, the church understands the following expectations:

- Create regular mentoring and/or coaching experiences for the student
- Provide modest scholarship support (expected \$400 per semester)

Please provide a brief explanation if there is an exception to one or both of the above conditions:

\_\_\_\_\_

**My name in the field below serves as my signature and indicates that the information I have provided is true and complete.**

Type or Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Pastor/Secretary

Title: \_\_\_\_\_ Name of Church: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_