

# MISSIONARY CHILDREN GRANT APPLICATION

| SCHOLARSHIP IS REQUESTED FOR THE FOLLOWING UNDERGRADUATE STUDENT(S): |              |  |  |  |
|--|--------------|--|--|--|
| Student's name   | _ Harding ID |  |  |  |
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| SCHOLARSHID OLIALIEICATIONS & CONDITIONS:                            |              |  |  |  |

#### SCHOLARSHIP QUALIFICATIONS & CONDITIONS:

### **QUALIFICATIONS**

The Harding University Missionary Children Grant program is intended to provide a grant for the undergraduate dependent children of United States missionaries serving on foreign mission fields.

Harding University defines United States missionaries to be:

- United States residents (defined as such by United States citizenship or by being in possession of an official United States Immigration residency visa providing them with citizenship opportunities).
- Serving on a foreign mission field, and remaining on said mission field for the duration of the grant award (excluding regular missionary furloughs).
- Working under the oversight of a local U.S. Church of Christ. A letter signed by a church official
  of the overseeing congregation affirming this oversight must be provided with the application
  for the grant.
- Full-time career church missionaries. (This will by definition exclude part-time or vocational missionaries. This exclusion may be appealed under certain circumstances.)

#### CONDITIONS OF THE GRANT AWARD

- The student must:
  - o Be a dependent child of a missionary actively serving on a foreign field.
  - o Be pursuing his or her first undergraduate degree.
  - Complete a Free Application for Federal Student Aid (FAFSA).
  - Maintain full-time enrollment while receiving the grant.

## The missionary must:

- Remain on the foreign mission field during the period covered by such financial aid (except during regular missionary furloughs).
- o Complete the initial grant application by June 1 prior to the enrollment of their dependent.

### AMOUNT AND AWARD DETAILS

 The Harding University Missionary Children Grant is \$2,000 per year for four years (eight semesters) and is stackable with institutional aid. Please note that all institutional aid is limited to the tuition cap.

|                           | STUDENT INFOR                    | RMATION:                 |           |
|---------------------------|----------------------------------|--------------------------|-----------|
| Applicant's Name:         |                                  | Date:                    |           |
| Date of Birth:            |                                  |                          |           |
| Street Address:           |                                  |                          |           |
| City:                     | State:                           | Zip:                     |           |
| Country:                  |                                  |                          |           |
| Phone #:                  |                                  |                          |           |
|                           | PARENT OR GUARDIAN               | I INFORMATION:           |           |
| Name:                     | 771112107 611 667 111317 11      |                          |           |
| Street Address:           |                                  |                          |           |
|                           | State:                           |                          |           |
| Country:                  |                                  |                          |           |
| Number of years served o  | on the mission field?            |                          |           |
| Number of years you plar  | n to be on the mission field?    |                          |           |
| Please describe the natur | e of the mission field (location | and context) and work be | ing done: |

# **OVERSEEING OR SUPPORTING CONGREGATION INFORMATION:**

| Supporting Congregation Name:   |                        | _        |  |  |
|---|------------------------|----------|--|--|
| Church Phone #:   |                        |          |  |  |
| Name of Church Official:  |                        | Phone #: |  |  |
| City:   | State                  | Zip:     |  |  |
| How much longer does the congregation plan to supp  | ort this missionary? _ |          |  |  |
| The two statements below are to be completed and signed by the authorized church official completing this application.  |                        |          |  |  |
| This is to certify that (name of missionary)  |                        |          |  |  |
| and family are full-time missionaries in the nation of,   |                        |          |  |  |
| supported by the (name of congregation)   |                        |          |  |  |
| It is hereby certified that the missionary named above is a citizen or legal resident of the United States as defined by the U.S. Citizenship and Immigration Services. |                        |          |  |  |
| Church Official Signature:  |                        | Date:    |  |  |
| Student signature:  |                        | Date:    |  |  |
| Parent signature:   |                        | Date:    |  |  |