

EAST TEXAS BAPTIST UNIVERSITY
2010-2011
CHRISTIAN EDUCATION COOPERATIVE GRANT APPLICATION

Name: _____ Social Security #: _____

Permanent Address: _____

City, State, and Zip: _____ Phone: _____

Maximum Grant ETBU will match is \$250 per semester*

Statement of Participation

The members of _____ Church have met in accordance with our church's governing policy and have agreed to support the above named student in their pursuit of a Christian education at East Texas Baptist University. These funds are supplied by the church out of our general operating funds and are not supplied by the student's family. The amount of the scholarship from the above named church is _____ for the 2010-11 academic year. (This amount will be divided equally between fall and spring semesters.)

Pastor

Church Clerk

Date

City of Church

State

This form must be returned by June 1, 2010 to:

*East Texas Baptist University
Financial Aid Office
1209 N. Grove
Marshall, TX 75670*

***Matching funds are awarded on a first-come first-served basis.** You are encouraged to return this application prior to the June 1, 2010 deadline to ensure the availability of matching funds. Scholarship checks need not accompany this application, but should be mailed by August 1, 2010 to:

*East Texas Baptist University
Business Office
1209 N. Grove
Marshall, TX 75670*

[Type text]