COVENANT OF AGREEMENT

I hereby certify to the Board of the Northern Baptist Education Society that I have made a correct answer to each inquiry of this report, have conformed to the rules of the Society, and that it continues to be my unwavering purpose to devote my life to the work of the gospel ministry through the American Baptist Churches USA, and that I need and hereby solicit aid from the Society. I further agree to repay the grants made if I do not serve American Baptist related ministries for a minimum of five (5) years.

(Signature of Applicant)

(Date)

I hereby certify that the student named in this application is a student at this institution. I also certify to the best of my knowledge is sustaining good moral and Christian character, is making the required proficiency in his/her studies, and is worthy of the aid from the Northern Baptist Education Society.

(SIGNATURE OF School Official)  (Date)

Title________________________________________

NORTHERN BAPTIST EDUCATION SOCIETY

NAME:________________________________________

STUDENT #_______________________________

EMAIL___________________________________

TO THE APPLICANT

Grants from the Northern Baptist Education Society are awarded two times a year. (mid -October & early March)

Grants are calculated: 1. based on the number of credits taken each semester. Summer courses are added to the fall and winter courses added to the spring semesters. 2. on the financial need of the student.

1. Complete all information inside the form.
2. Read the Covenant of Agreement on the back and sign.
3. YOU MUST PRESENT WITH THE APPLICATION A LETTER OF SUPPORT FROM THE CHURCH WHERE YOU ARE A MEMBER! Membership in an American Baptist Church USA is essential to receive a grant.
4. You will be contacted for an interview with the Society.
5. RETURN THIS APPLICATION TO rspin6477@aol.com

Application Deadline is February 25, 2022
FINANCIAL DISCLOSURE

MONTHLY INCOME

Employment income: $_________________
Spouse’s employment income  $_________________
Social Security Benefits $_________________
Child support $_________________
Worker’s compensation $_________________
Other income $_________________

MONTHLY EXPENSES

Food $_________________
Housing $_________________
Medical/Dental/Insurance $_________________
Transportation $_________________
Dependent care $_________________
Other Expenses $_________________
(describe)________________________________

MAILING ADDRESS

Street, Number, Apartment__________________________
City_____________ State_______ Zip_______________

Marital Status_______ Number of dependents___________
Church Membership________________________________
Expected date of graduation_________ Degree Program___
Credit Hours this semester_________ Total credits to date___

Student aid received this semester School_______
Private_______ Other Aid__________________________
Total federal loans taken__________________________
Tuition costs this semester________________________

NBES CALCULATED SEMESTER GRANT ________________