

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 23, 2024.

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 _____
Phone contact _____
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 _____

School Financial Aid address:
