

## 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.

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(Signature of Applicant)

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(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.

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(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](mailto:rspin6477@aol.com)**  
**Application Deadline is October 7, 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:**

\_\_\_\_\_