

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 24, 2025.

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:
