

**PAINE COLLEGE**

Office of Financial Aid  
1235 Fifteenth Street Augusta, GA 30901-3182

Telephone: 706-821-8262 1-800-476-7703  
Fax: 706-821-8691

**2010-2011 CHURCH RELATED GRANT**

**Each student of either the United Methodist or Christian Methodist Episcopal denomination is eligible for a grant of \$500 per academic year. A minister of either the United Methodist or Christian Methodist Episcopal denomination is eligible for a grant of \$800 per academic year. A dependent of a minister of the United Methodist or Christian Methodist Episcopal denomination is eligible for a grant of \$1000 per academic year. All Church Related Grants are contingent on the student maintaining satisfactory academic progress, full-time enrollment, and completion of the Free Application for Federal Student Aid (FAFSA). A student is eligible for only one Church Related Grant per academic year.**

Student Name: \_\_\_\_\_  
Last First MI

SSN: \_\_\_\_\_ ID#: \_\_\_\_\_

- Church Affiliation:
- \_\_\_\_\_ Member United Methodist Church
  - \_\_\_\_\_ Minister United Methodist Church
  - \_\_\_\_\_ Dependent United Methodist Church Minister
  
  - \_\_\_\_\_ Member Christian Methodist Episcopal Church
  - \_\_\_\_\_ Minister Christian Methodist Episcopal Church
  - \_\_\_\_\_ Dependent Christian Methodist Episcopal Church Minister

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_  
\_\_\_\_\_

Church Telephone: \_\_\_\_\_

Minister's Name: \_\_\_\_\_

District: \_\_\_\_\_

Annual Conference: \_\_\_\_\_

Bishop: \_\_\_\_\_

**I hereby certify that I am either a current member, minister, or minister's dependent with the United Methodist Church or the Christian Methodist Episcopal Church.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_