



GRACELAND UNIVERSITY

CONGREGATIONAL MATCHING GRANT PROGRAM

Graceland University will match grants that have been designated for a Graceland student from a congregation or church jurisdiction of any denomination—**up to \$1,500** per academic year. The grant must be from funds authorized and generated by a congregation or jurisdiction. Some examples of fund sources are memorial funds, youth fundraisers, and special offerings. Families of the student may participate by giving to the fund *if* they are not the major contributor and if the church has complete discretion to determine the recipient as well as the timing and amount of the award. Grants will be awarded on a first come, first served basis. Notification of the matching grant award will be sent to the student as a part of the financial aid award process.

Criteria to Meet

- Student must be enrolled full-time and making satisfactory academic progress as outlined in the Graceland University online catalog.
- Student must live in a residence hall on campus, *unless* he/she is residing with parents or legal guardian, is married, or is living in the Kansas City area while enrolled in the clinical nursing program.
- Church must send **application** any time after **March 1** to qualify for matching funds, but no later than July 1. **Funds** and **verification form** must be postmarked no later than **August 1**.

If you have any questions, please write to the address below or call 641.784.5140. **A separate application and verification sheet is required for each student.** Please clip application and verification forms and mail by their respective deadlines. Verification should include payment. Mail to: Graceland University, Financial Aid Services, 1 University Place, Lamoni, IA 50140.

Verification (Due by August 1)

On behalf of _____
Student Name Social Security Number

The enclosed check in the amount of _____ is submitted by _____
Congregation

Address _____
Street City/State Zip

Phone _____ E-mail _____

I certify that the funds provided meet the terms of the Matching Grant Program as described above.

Authorized Church Official's Signature Date

Application (Due by July 1)

On behalf of _____
Student Name Social Security Number

A check in the amount of _____ will be submitted by _____ **by August 1.**
Congregation

Address _____
Street City/State Zip

Phone _____ E-mail _____

I certify that the funds provided meet the terms of the Matching Grant Program as described above.

Authorized Church Official's Signature Date