



Graduate School of Theology and Ministry Application for Modular Grant

Name _____ Student Z# _____

Address _____

Phone _____ Email address _____

DEADLINES Fall: July 15 or Spring: December 1

Applying for: ☐ Fall 20____ ☐ Spring 20____

This Grant is \$400 per academic semester and may not be combined with the ORU Need-Based Scholarship. Application must be made each semester.

Course No.	Course Title	No. Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

GRANT CHECKLIST

- ☐ I have enrolled in 9 credit hours with at least one class on campus.
- ☐ I have at least a 2.5 cumulative GPA.
- ☐ I have no incomplete course work or extension from last semester.
- ☐ I understand that the grant will be rescinded if the 9 credit hours are not maintained and that I am responsible to pay any remaining tuition balance.

☐ Approved
☐ Denied _____ Date _____
Modular Program Director

☐ Approved
☐ Denied _____ Date _____
Cost Center Manager

Date Received _____ Amount Awarded _____

Please read the following before signing:

I understand students who meet all requirements will be awarded grants, as approved by the Dean, based on the order in which the applications are received and on the availability of funds. Therefore, awards are not guaranteed. Other ORU-funded financial aid may cause this award to be adjusted. By completing this application, I accept any award offered and authorize ORU Financial Aid Office to make adjustments to this award or other financial aid according to federal regulations and/or ORU guidelines. Details for special circumstances and exceptions to the policy are available in the Graduate Student Financial Aid office. This application is for degree-seeking Graduate Theology Students who are enrolled in at least 9 hours and maintain a GPA of 2.5 or higher at the Master's level. This grant is not available for summer sessions.

I affirm that all of the above information is complete and accurate to the best of my knowledge.

Applicant's Signature _____ Date _____

—For Office Use Only—

Date Received: _____ Approved By: _____

Time Received: _____ FAFSA EFC: _____