

## **Graduate School of Theology and Ministry** Application for Alumni Scholarship

Name		Student Z#
Address		
Phone		Email address
DEADLINES	Fall: July 15 or	Spring: December 1
Applying for: ☐ Fa	all 20	g 20
whose parent(s) are O	RU graduate(s). The tot	s who no longer qualify for the Retention Scholarship or all amount of this grant is up to \$500 per academic year for plication must be made each academic year.
Alumni name:		Year of graduation:
Please read the following	ng 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 full-time 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 a	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:		Cumulative GPA: