



Graduate School of Theology and Ministry Application for Children of Alumni Scholarship

Name _____ Student Z# _____

Address _____

Phone _____ Email address _____

DEADLINES **July 15** for Fall and Spring (both semesters) or **December 1** for Spring only

Applying for: ☐ Fall 20____ and Spring 20____
☐ Fall only 20____ ☐ Spring only 20____

This Scholarship is awarded to **children of** ORU graduates, who no longer qualify for the Retention Scholarship. Students cannot receive both Retention and Alumni Scholarships at the same time. The total amount of this grant is up to \$500 per academic year for no more than three years or six semesters. Application must be made each academic year.

Alumni name: _____ Year of graduation: _____

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 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 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: