



**Grants and Scholarship Network**

**COVID Emergency Grant Application**

**Personal Information**

**Student Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Church Membership (Church Name):** \_\_\_\_\_

**Name of Pastor or Clerk of Session:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Racial-Ethnic Background (Optional):** \_\_\_\_\_

**Educational Information**

**Name of School:** \_\_\_\_\_

**Degree Sought:** \_\_\_\_\_

**Previous Year's GPA:** \_\_\_\_\_

**Cumulative GPA:** \_\_\_\_\_

**Currently Full-Time or Part-Time Student:** \_\_\_\_\_

**Number of Credits taking this Term:** \_\_\_\_\_

**Previous Higher Education (list completed degrees):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Need: Please note the emergency need and relationship to COVID**

**This form must be signed by the person whose file is to be disclosed.**

**I, \_\_\_\_\_, affirm that the above information is accurate and submitted to the Synod of the Covenant for the purpose of determining my eligibility for scholarship assistance.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Note:*

*Complete grant application must be received by **December 4, 2020** and must include the following materials as detailed above:*

- This application, fully completed.*
- Letter from institution for verification of enrollment.*
- Statement of career objectives and how this scholarship will help the applicant reach these objectives.*
- A letter of endorsement on letterhead from the student's pastor or clerk of session at the student's Presbyterian Church (emailed directly from pastor/clerk of session to [grants@synodofthecovenant.org](mailto:grants@synodofthecovenant.org))*