



Wesleyan Minister's and Missionary's Dependent Grant Application

1) Student Eligibility: Dependents of Wesleyan ministers and missionaries are eligible for this grant of \$3,500 per year or \$1,750 per semester. Dependency is determined by the Federal Financial Aid regulations and by the Free Application for Federal Student Aid. To be eligible to receive this grant, the student must be a dependent of an active Wesleyan minister or missionary, be enrolled full-time (at least 12 hours per semester), and maintain a minimum 2.00 cumulative grade point average and pass chapel every semester. This form must be received by the OWU Financial Aid Office by November 30th for the Fall Semester, or April 30th for the Spring Semester. Additional consideration may be given based on money available for forms received after these dates.

2) Wesleyan Minister/Missionary Eligibility: Wesleyan ministers and missionaries who are eligible are full time senior pastors, full-time assistants and associate pastors, full-time youth pastors, full-time music ministers, full-time district superintendents, full-time evangelists appointed by the Wesleyan Church and active missionaries as appointed by the General Department of World Missions or by the General Department of Extension and Evangelism (including those appointed to WNAM) currently serving on a field in or out of the United States or on furlough. Exclusion from the grant are laity working in a pastoral position in addition to a primary job, ordained ministers not currently serving in the Wesleyan Church, special lay ministers (including special workers, lay missionaries and lay ministers), ministers engaged in inter-church service, ministers engaged in special service, military chaplains and employees of the Brainerd and Hepzibah (not appointed by the General Department of World Missions or WNAM).

Student Name: _____ Social Security Number: _____

Parent's Name: _____ Parent's Title or Position: _____

Parent's Place of Service: _____ Work Phone: _____

Address: _____
City State Zip

All three (3) Signatures are required on this form to be accepted:

Student

I am applying with a full understanding of the qualifications of this grant, and what is required of me to renew this grant in future years. If the status of my parent(s) changes in the midst of an academic year, I understand that I may lose this grant.

Student Signature: _____ Date: _____

Parent

I certify that I am currently serving as an active, full-time Wesleyan Minister or Missionary, as outlined above in the Wesleyan Minister/Missionary qualifications (2).

Parent's Signature: _____ Date: _____

District Superintendent

I certify that the applicant is a dependent of a full-time Wesleyan Minister or Missionary. I also certify that the parent(s) is currently serving in his or her position, and qualifies for the grant based on the Wesleyan Minister/Missionary qualifications (2) outlined above.

District Superintendent Signature: _____ Date: _____

Title: _____ District: _____ Phone: _____

Address: _____
City State Zip