

Covenant Children's Ministries
PO Box 518
Princeton, IL 61356

This application is for assistance under the terms of the Ronald Lee Sterner Trust Fund policies.

Deadline to submit all applications is June 10.

First time applicants, you will be asked to detail your connection with Covenant Children's Ministries, formerly Covenant Children's Home and Family Services.

SECTION 1 - GENERAL INFORMATION

Name _____
Home Address _____
City _____ State _____ Zip _____
Home Phone No. _____ Cell Phone _____
Date of Birth _____ Social Security No. _____
Marital Status _____ No. of Minor Children _____
Email Address _____

Parental Information - Complete if student is claimed as a dependent, or under age 21.

Name of Parent(s) _____
Address _____
City _____ State _____ Zip _____
Age of Older Parent _____ Marital Status _____
Names of Dependent Children in college in coming school year supported by parental income:

Name	College
_____	_____
_____	_____
_____	_____

Please describe your relationship to Covenant Children's Ministries or Covenant Children's Home and Family Services.

SECTION 2 - ACADEMIC PLANS AND BACKGROUND

Name and city of school (starting with high school)

School	City	Years Attended	GPA	Degree/Diploma	Year earned

Currently Enrolled _____

Major _____ Minor _____

Vocational Goal _____

Part/Full Time _____

Semester/Trimester _____

Academic Hours/Term _____ GPA last completed term _____

Projected Graduation Date _____ GPA overall _____

Please note that in order to receive future benefits from the fund, you must send a copy of your grades to Covenant Children’s Ministries at the end of each term.

SECTION 3 – RELIGIOUS BACKGROUND

Please tell us about your religious or spiritual background and your relationship with God.

SECTION 4 - OTHER ANNUAL FINANCIAL ASSISTANCE

Check all that apply:

	Amount
<input type="checkbox"/> Monetary Award Program (MAP Grants)	_____
<input type="checkbox"/> Merit Recognition	_____
<input type="checkbox"/> Illinois State Scholar	_____
<input type="checkbox"/> Federal Stafford Loan	_____
<input type="checkbox"/> Federal Supplemental Loan	_____
<input type="checkbox"/> Federal PLUS Loan	_____
<input type="checkbox"/> Illinois College Accounts Network (ICAN)	_____
<input type="checkbox"/> College Work Study	_____
<input type="checkbox"/> Academic Scholarship	_____
<input type="checkbox"/> Faculty Award	_____
<input type="checkbox"/> Pell Grant	_____
<input type="checkbox"/> Illinois Student Assistance Monetary Award	_____
<input type="checkbox"/> GI Bill	_____
<input type="checkbox"/> Church or related scholarship	_____
<input type="checkbox"/> Bank Loan	_____
<input type="checkbox"/> Work off Campus? Part time _____ Full time _____	_____

If not working off campus, why not?

<input type="checkbox"/> Other Sources	
_____	_____
_____	_____
_____	_____

Section 4 Total

SECTION 5 - ANNUAL FINANCIAL NEED

<u>Expenses</u>		<u>Sources</u>	
Tuition	_____	Section 4 Total	_____
Fees	_____	Savings	_____
Books, Supplies	_____	Parental Support	_____
Room and Board	_____	Other	_____
Living Expenses	_____		
Travel	_____		
Miscellaneous	_____		
Total		Total	

Need – Difference between expenses and sources _____

Sterner Fund Request _____

SECTION 6 - INCOME AND ASSET INFORMATION FOR A DEPENDENT, TO BE COMPLETED BY PARENT/GUARDIAN BASED ON LATEST TAX RETURN - COMPLETE EITHER PART A OR B

Part A

		<u>Assets</u>	
Adjusted Gross Income	_____	Checking	_____
Non Taxable Income	_____	Savings	_____
Social Security Benefits	_____	Market Value Home	_____
IRA or Keogh	_____	Mortgage Amount	_____
Other	_____	2nd Mortgage	_____
		Investments	_____
		Business/Farm	_____
		Liabilities for Business/ Farm	_____

Part B

Expected Family Contribution (EFC) from the Government FAFSA form: _____

SECTION 7 - INCOME AND ASSET INFORMATION FOR SELF SUPPORTING APPLICANT

		Assets	
Adjusted Gross Income	_____	Checking	_____
Non Taxable Income	_____	Savings	_____
Social Security Benefits	_____	Market Value Home	_____
IRA or Keogh	_____	Mortgage Amount	_____
Social Security Ed Benefit	_____	2nd Mortgage	_____
VA Education Benefit	_____	Investments	_____
Other	_____	Business/Farm	_____
		Liabilities for Business/ Farm	_____

SECTION 8 - ADDITIONAL FINANCIAL INFORMATION

Other pertinent information concerning the financial assets and obligations of your family that would be helpful in assessing financial need. Indicate reasons why you need aid and include any unusual circumstances affecting your financial situation. A separate sheet of paper may be used.

SECTION 9 - REFERENCES

First time applicants must include letters of recommendation from two, non-related persons. If possible, include one from a minister. Please do not include friends or classmates for references.

Section 10 - Applicant's Statement (the application will not be considered without a signature)

I am in need of a loan or grant in order to commence or continue my education.

I am undertaking or will undertake the educational work described above.

I will use the proceeds of the loan or grant only for the payment of tuition and required fees, room and board, books, equipment and materials, and travel expenses.

I agree to notify CCM of any change in my name or address, or graduation/withdrawal from school.

I understand that CCM has the right to cancel all rights and benefits of financial aid if any irregularities are verified.

I agree to inform CCM of any financial awards I may receive from sources other than CCM both before and after my application is returned. I realize that failure to comply with this agreement may result in ineligibility to receive financial aid.

I understand that I am receiving the funds in accordance with the attached guidelines and that the funds must be used in compliance with them.

I understand that my total resources may not exceed my computed financial need and that CCM may revise my aid award at any time to prevent such an occurrence.

I understand that the amount awarded will likely not meet my need, but will be helpful for purchasing books, supplies, and other miscellaneous expenses.

I recognize that repaying grants/scholarships enables CCM to make funds available to other students. Although not required, I will try to repay any grant made to me if I am able to do so.

I hereby acknowledge that the information submitted herewith is true and correct and I fully understand my obligation incurred by the grant and loan and the condition of repayment.

DATE

APPLICANT SIGNATURE

Section 10 - Statement of Parent or Guardian if applicant is a dependent

I have read the foregoing application in full and assert that the financial income and asset information in Sections 4 and 5 is correct. It is with my knowledge that the applicant is requesting assistance to further his/her education.

DATE

PARENT or GUARDIAN SIGNATURE