Reset Form

BIOLA UNIVERSITY
Financial Aid Office

2011-2012
International Students Christian Worker Dependent Scholarship Application

PURPOSE

This form is used to verify eligibility of an International student for the Christian Worker Dependent Scholarship.

BASIC INFORMATION

Student Name _____ Biola ID# _____

A. SCHOLARSHIP CONDITIONS/REQUIREMENTS:

- The student must be a dependent undergraduate as defined by the FAFSA, whose parent(s) worked full-time in a Christian non-profit organization in 2010 (excluding Biola University). Spouses of Christian workers do not qualify for this scholarship.
- Students must be enrolled for 12 or more units each semester and must have a valid F-1 visa.
- Students receiving a tuition waiver are not eligible for this scholarship.
- The family's 2010 primary source of income must come from the parent's involvement in full-time ministry.
- The scholarship is based on a minimum academic load of 12 units per semester. If the student is given permission by the International Advisor to minimize class load below 12 units, the scholarship will be prorated for part-time enrollment to a minimum of 6 units per semester. The scholarship will be coordinated with other aid and is based on the availability of funds.
- **Applications must be completed and returned to:**
  Biola University • Attn: Admissions Office, c/o Mrs. Fitsum Mulat • 13800 Biola University • La Mirada, Ca 90639 • USA

B. PARENT INFORMATION:

Name of Parent(s) With Ministry Occupation _____ Name of Ministry Employer _____

Parent 2010 Salary From Ministry: ..... $,.00 Housing Allowance, if any: ..... $,.00

Brief Description of Ministry Responsibilities _____ Name of Parent NOT employed in Ministry Occupation _____

C. OTHER INCOME INFORMATION:

Does either parent have another occupation or primary source of income? ☐ **YES** ☐ **NO**

If "YES", for each parent that applies above please list:

	Father	**Mother**
Name of Parent(s)		
Name of Employer or Source of Income:		
2010 Income From Other Occupation/Income Source:	$,.00	$,.00

D. SIGNATURES:

We verify that the above information is true and accurate. We have also read the information concerning the amounts, requirements, and conditions of the scholarship. By signing this form, we are validating that we qualify for this scholarship according to the conditions and requirements listed above.

Student Signature (Required of all applicants) _____ Date _____

Parent Signature (Required of parent involved in ministry) _____ Date _____

13800 Biola Avenue • La Mirada, California 90639 • Tele 562 903 4742 • Fax 562 906 4541 • Email finaid@biola.edu