

# Kuyper College

## Endowed Scholarship Application

United States Citizens

Fall 2009 - Winter 2010

*for endowed, family, and corporate scholarships that are awarded by Kuyper College*

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_  
City State Zip Code

Driver's License: \_\_\_\_\_ E-mail \_\_\_\_\_  
State Issued Number

Citizenship Status: (circle one) U.S. Citizen (National) Eligible Noncitizen  
Dual Citizenship (what countries) \_\_\_\_\_

Ethnicity: (circle all that apply) Hispanic of any race American Indian or Alaska Native  
Asian Black or African American Native Hawaiian or Other Pacific Islander White

Month/year of high school graduation \_\_\_\_\_ Denomination \_\_\_\_\_

Intended Enrollment Status: (circle one) Full-time Half-time Less than 1/2 time

Housing Plans: (circle one) On campus Off campus With parent(s)

Degree Goal: (circle one) Bachelors Associates Certificate

Participated in mission work STS or START through Idea Ministries: (circle one) Yes No

Desired area of study \_\_\_\_\_ (Please fill-in a Kuyper College major or the program of greatest interest to you.)

List previous colleges attended, period of attendance, and if you received financial aid:

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**Household Information:**

Please list all members in your household for whom you or your parent(s) will provide at least one-half financial support to from July 1, 2009 through June 30, 2010.

\* Include parent(s), yourself, spouse/children (if applicable) & legal dependents/siblings.

Name	Age	Relationship to Student	School (if applicable)
_____			
_____			
_____			
_____			

If you have special circumstances such as loss of income, private school tuition or high medical/dental costs, please complete the Supplemental Information Form 2009-2010 available online at [www.kuyper.edu](http://www.kuyper.edu) under the Forms & Applications section of the Financial Aid & Tuition tab, or contact the Financial Aid Office to request a copy of the form.

The conditions for receipt of a scholarship covered by this agreement include my attendance at the Scholarship Dinner and that I write thank you cards to my donors. I understand I will receive additional information regarding these conditions from the Advancement Office. I also understand that failure to meet these conditions could result in loss of my scholarship.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

Spouse's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if married)

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if student is dependent)

***\*\*\*This application must be signed or it will not be processed***

**Office use only:**

Date application received: \_\_\_\_\_ Date FAFSA processed: \_\_\_\_\_ EFC: \_\_\_\_\_

Other: \_\_\_\_\_



For more specific information, please contact the Financial Aid Office:  
3333 East Beltline NE, Grand Rapids MI 49525-9749  
P. 800-511-3749 F. 616-222-3045  
[www.kuyper.edu](http://www.kuyper.edu)