

**PAINE COLLEGE**

Office of Financial Aid  
1235 Fifteenth Street Augusta, GA 30901-3182

Telephone: 706-822-8262 1-800-476-7703  
Fax: 706-822-8691

**2022-2023  
CHURCH RELATED GRANT**

Each student who is a member of either the United Methodist or Christian Methodist Episcopal denomination is eligible for a grant of \$1,500 per academic year. A minister of either the United Methodist or Christian Methodist Episcopal denomination is eligible for a grant of \$1,500 per academic year. A dependent of a minister of the United Methodist or Christian Methodist Episcopal denomination is eligible for a grant of \$1,500 per academic year. All Church Related Grants are contingent on the student maintaining satisfactory academic progress, full-time enrollment, and completion of the Free Application for Federal Student Aid (FAFSA). A student is eligible for only one Church Related Grant per academic year. *This grant is not valid for tuition overloads, student fees, online access fees, and it cannot exceed direct costs nor be converted into cash and it is awarded based on the availability of funds.* Deadline for students attending Fall semester is September 1<sup>st</sup> of the academic year. Deadline for students attending Spring semester is February 1<sup>st</sup> of the academic year.

Student Name: \_\_\_\_\_  
Last First MI

SSN: \_\_\_\_\_ ID#: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Member United Methodist Church  
\_\_\_\_\_ Minister United Methodist Church  
\_\_\_\_\_ Dependent United Methodist Church Minister  
  
\_\_\_\_\_ Member Christian Methodist Episcopal Church  
\_\_\_\_\_ Minister Christian Methodist Episcopal Church  
\_\_\_\_\_ Dependent Christian Methodist Episcopal Church Minister

Year Affiliation Established: \_\_\_\_\_

Church Name: \_\_\_\_\_

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

Church Telephone: \_\_\_\_\_

Minister's Name: \_\_\_\_\_

District: \_\_\_\_\_

Annual Conference: \_\_\_\_\_

Bishop: \_\_\_\_\_

**I hereby certify that I am either a current member, minister, or minister's dependent with the United Methodist Church or the Christian Methodist Episcopal Church.**

\_\_\_\_\_  
Student Signature

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

**I hereby certify that the named above student is a current member, minister, or minister's dependent with the United Methodist Church or the Christian Methodist Church and that all information provided on this form is accurate.**

\_\_\_\_\_

Certifying Church Official

Date

Telephone Number