

## SOUTHWESTERN ASSEMBLIES OF GOD UNIVERSITY TUITION GRANT SCHOLARSHIP

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Semester: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Credit Hours Enrolled: \_\_\_\_\_

I certify that the number of credit hours for which tuition is sought does not include any duplicated courses.

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

- Dependent of Ordained Assemblies of God minister** (if minister is deceased, spouse must not be remarried)

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

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

Place of Ministry: \_\_\_\_\_

Home Address: \_\_\_\_\_

Were you claimed as a tax exemption in 2007?  yes  no  child  
Are you considered dependent on the FAFSA?  yes  no  spouse  
Are you married?  yes  no  
Is minister deceased?  yes  no

- Dependent of Nationally Appointed Assemblies of God Home and Foreign Missionaries**  
(if minister is deceased, spouse must not be remarried)

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

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

Place of Ministry: \_\_\_\_\_

Home Address: \_\_\_\_\_

Were you claimed as a tax exemption in 2007?  yes  no  child  
Are you considered dependent on the FAFSA?  yes  no  spouse  
Are you married?  yes  no  
Is minister deceased?  yes  no

- Ordained Assemblies of God Minister**

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

Position: \_\_\_\_\_

- Spouse of Full-Time Student at SAGU**

Applicant: \_\_\_\_\_ Spouse: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Graduate  Undergraduate  Graduate  Undergraduate

- Children's Home Tuition Grant**

Assemblies of God: \_\_\_\_\_ Dates: \_\_\_\_\_

Other Chartered Children's Homes: \_\_\_\_\_ Dates: \_\_\_\_\_

Please return to: Financial Aid Office, SAGU, 1200 Sycamore, Waxahachie, TX, 75165-2397