

RETURN TO:  
Financial Aid Office  
Concordia University  
1530 Concordia West  
Irvine, CA 92612-3299  
(949) 854-8002, Ext. 1136  
Fax: (949) 854-6709  
www.cui.edu

2010 - 2011

Name of Financial Aid Applicant (please print):

\_\_\_\_\_  
Last First Middle

Student ID (returning students only): E \_\_\_\_\_

**MATCHING GRANT PROGRAM FOR HOME CONGREGATIONS**  
**Returning Students Only – Entered Concordia Prior to Fall 2008**

Concordia University will match grants awarded by home congregations to our students, up to a maximum of \$1000 per academic year (\$500 per semester enrolled), if the following conditions are met:

- 1) This form must be received by the university no later than September 1, 2009
- 2) The funds must be received by the university no later than September 15, 2009
- 3) The match does not exceed the institutional aid maximum

**NOTE TO CONGREGATIONS:** We are aware that many congregations operate on July 1 – June 30 fiscal years. If your congregation cannot meet the above deadlines, please send a letter of explanation to the Financial Aid Office before the deadlines listed. Special situations will be considered on a case by case basis.

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STUDENT (Complete this section):

- Returning/Readmit                       Credential/CUA/Graduate (not matched)
- I understand that if payment from my congregation is not received by the tuition payment deadline, I am responsible to contact Student Accounts and to follow-up with my congregation.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** the matching portion will **NOT** be awarded until the check is received from the church.  
(Both deadlines must be met.)

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**HOME CONGREGATION** (Complete this section):

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

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

Church City, State, Zip: \_\_\_\_\_

Church Phone ( \_\_\_\_ ) \_\_\_\_\_

Name of Grant (if different from church): \_\_\_\_\_

Amount of Grant for the 2009 – 2010 academic year: \$ \_\_\_\_\_ **(If unknown, please complete next line)**

**OR**     The congregation will not be able to offer an amount until \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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**Please indicate the student's name and award (Home Congregation) on the check**

Send funds to:  
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Irvine, CA 92612-3299

**REMINDER: FORMS RECEIVED AFTER SEPT. 1  
WILL NOT BE MATCHED. FUNDS RECEIVED  
AFTER SEPT. 15 WILL NOT BE MATCHED.**