



Student Applicant's Name _____

Student's NNU ID # _____

Eligibility Requirements:

- The dependent student must be age 24 or less (the semester in which the dependent turns 25 is covered by the benefit).
- The student must be a dependent of a parent or guardian whose primary income is derived from being a senior pastor, career church missionary, pastoral staff, chaplain, District Superintendent, or Assistant District Superintendent serving the Church of the Nazarene. Missionaries must be serving under the auspices of the General Board of the Church of the Nazarene. Chaplains must be serving on the Northwest Educational Region and/or the International Church of the Nazarene.
- Dependency status follows the Federal Financial Aid definition and will be verified before the discount is awarded.
- The student must be a full-time student with a minimum of 12 credit hours each semester. Discounts are awarded up to two semesters per academic year and split equally between semesters.
- Students are eligible to receive this award with a 2.0 cumulative GPA requirement.

Certification:

- As the Parent or Guardian of the above-named student, I qualify as a (check appropriate category):
 - Senior Pastor
 - Missionary
 - Church Pastoral Staff
 - District Superintendent
 - Assistant District Superintendent
 - Chaplain

Required Documentation:

- A letter from the proper official, either the appropriate Local Church Governing Board Secretary, Missions Regional Director, Senior Pastor, or the Reporting Supervisor.
 - Must be on letterhead of the organization
 - Must verify what their pastoral or missionary role is
 - Must verify the parent or guardian's primary income is derived from this role. If it is not, please provide the following information:
 - Length of time the parent or guardian has been in this role
 - Number of hours a week the parent or guardian works
- Completion of the Free Application for Federal Student Aid is required to receive this discount. (The FAFSA is available after October 1st each year, for the following academic year, at FAFSA.gov)

Parent or Guardian _____ Signature _____ Date _____
(Print Name)

Church Name _____ Church Location (City) _____ (State) _____

Submit this worksheet and other documentation to:
Office of Financial Aid, 623 S. University Blvd., Nampa, ID 83686
Fax: 208.467.8375 Email: financialaid@nnu.edu Phone: 208.467.8638