FAMILY GRANT APPLICATION
(Effective Fall 2012)

POLICIES AND REQUIREMENTS

- The Grant is applicable when more than one dependent student from within a family unit is enrolled as an undergraduate student at CCU. The Grant also applies when a married couple or a parent and dependent child are enrolled as undergraduate students at CCU. (Dependency is based on the FAFSA definition.)
- Each family member must be accepted to an undergraduate degree program and attending full time to receive the Grant. The Grant may be revoked if a student drops below full-time enrollment during the term.
- Each eligible family member will receive a grant of up to $1,500 per semester to be applied to eligible tuition charges.
- The Grant will not be applied to the student account until after the semester Add/Drop period has ended.
- The Grant cannot be used in combination with any Partner Church Scholarships.
- The Grant cannot be applied to any directed-study, Credit for Demonstrated Competency (CDC), or CAL online courses.
- The Grant, in combination with any other tuition-only grants or scholarships, cannot exceed the cost of tuition.
- This application must be submitted for each term for which the Grant is to be awarded.
- A couple should not complete this form before they are married and must be married prior to the start of the term in order to receive consideration for the Grant. (A copy of your marriage license may be requested to verify your marriage date.)

APPLICANT INFORMATION

Please complete the following information for each eligible student. List additional eligible family members on back of application.

Family Member #1

Name ____________________________
SSN or CCU ID# ____________________
Date of Birth _______________________
School (check one): □ College □ CAL
Term (check one): □ Fall □ Spring
Date Married (couples only) __________________________

Family Member #2

Name ____________________________
SSN or CCU ID# ____________________
Date of Birth _______________________
School (check one): □ College □ CAL
Term Year (ex. 2010) __________________________

CERTIFICATION

By signing below, you are indicating that you have read and understood the Policies and Requirements related to the Family Grant and that all information reported on this application is true and correct. All eligible family members must sign for application to be complete.

Family Member #1 __________________________________________ Date ___________________
Family Member #2 __________________________________________ Date ___________________
Family Member #3 __________________________________________ Date ___________________
Family Member #4 __________________________________________ Date ___________________

Submit completed form to Financial Aid, 2700 Glenway Avenue, Cincinnati, OH 45204, or fax to (513) 244-8453.
Family Member #3

Name ________________________________
SSN or CCU ID# ________________________
Date of Birth __________________________
School (check one): ☐ College ☐ CALL

Family Member #4

Name ________________________________
SSN or CCU ID# ________________________
Date of Birth __________________________
School (check one): ☐ College ☐ CALL