



# EMORY UNIVERSITY

*United Methodist Ministerial  
Tuition Benefit Application 2018-2019*

Emory University  
Office of Financial Aid  
200 Dowman Drive, Suite 300  
Atlanta, GA 30322

Phone: 404.727-6039  
Fax: 404.727-6709 (**Office preferred method of submission**)  
Email: [finaid@emory.edu](mailto:finaid@emory.edu)

|                                                                                 |                                                                                                       |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>Student's Name:</b>                                                          | Emory ID (EMPL):                                                                                      |
| Last 4 Digits of Student SSN (if ID Number Unknown):<br><b>XXX - XX - _____</b> | Semester and Year of Adjustment (circle one):<br>Fall 2018   Spring 2019   Year 2018-19   Summer 2019 |

**Document Submission Instructions**

Documents requested by the Office of Financial Aid may be submitted via US mail, email or fax. **In an effort to safeguard your personal information, the Office prefers that forms be submitted via fax.** When submitting documentation, please do not submit image files or photographs.

**STUDENT INFORMATION AND SCHOLARSHIP QUALIFICATION**

Dependent children of United Methodist Ministers **with financial need as determined by their CSS Profile application** may receive a 45% tuition benefit. Please complete and return this form, and do not leave any sections blank. This form must be renewed annually. The tuition benefit will appear as a credit on your student account after the form is processed by the Office of Financial Aid.

|                   |  |
|-------------------|--|
| School or Program |  |
|-------------------|--|

|                              |  |
|------------------------------|--|
| Current Year/Level in School |  |
|------------------------------|--|

|                                                               |                                                                                                         |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Basis for Ministerial Tuition Benefit eligibility (check one) | <input type="checkbox"/> Active United Methodist Minister's Child                                       |
|                                                               | <input type="checkbox"/> Diaconal Minister's child                                                      |
|                                                               | <input type="checkbox"/> Resident on a Methodist children's home                                        |
|                                                               | <input type="checkbox"/> Child of a full-time active United Methodist Missionary or Missionary on leave |
|                                                               | <input type="checkbox"/> Retired or deceased United Methodist Minister's child                          |

|                                                                                                         |  |
|---------------------------------------------------------------------------------------------------------|--|
| List the Annual Conference Journal and Page number on which the name of the qualifying minister appears |  |
|---------------------------------------------------------------------------------------------------------|--|

**CERTIFICATION STATEMENT BY THE MINISTERIAL PARENT OF EMORY UNIVERSITY STUDENT**

I certify that the information I am providing is true, complete, and correct to the best of my knowledge.

Minister's Signature \_\_\_\_\_ Date \_\_\_\_\_