



## Church Matching Grant

### Purpose

The Church Matching Grant is designed to give churches the opportunity to invest in the life of their students as they attend Toccoa Falls College. As graduates of Toccoa Falls College, these students will have been taught to embrace, and will be equipped to defend a biblical worldview.

### Eligibility

The Church Matching Grant is available to all full-time students of Toccoa Falls College during the fall and spring semesters. Toccoa Falls College will match, dollar for dollar, up to \$1,500 (\$750 per semester) of any scholarship funds given by a student's church. The source of the funds must be the church's general budget or established scholarship fund. The funds cannot come from a member of the student's immediate or extended family through the church's operating accounts.

### Process for Application

1. The student must be accepted for enrollment at Toccoa Falls College.
2. The Eligibility Verification Form for the Church Matching Grant should be sent as soon as possible by the church as it determines the order of awarding. Eligibility form must be completed and signed by both the pastor and church treasurer/finance committee chairperson. The actual funds must be received by **August 1** for the fall semester and **January 1** for the spring semester. Forms/funds received after these dates will be applied to the following semester.

### Provisions for the Grant

1. Funding for this grant is limited. Awards will be made to qualified students based on the date of their completion of their financial aid documents.
2. The Church Matching Grant is renewable annually contingent upon continued participation by the student's church.
3. The student must maintain a 2.0 GPA to remain eligible to receive the matching funds from Toccoa Falls College.
4. Funds received for a student who decides not to attend TFC will be refunded to the church or placed in the college general scholarship budget at the church's instruction.



# TOCCOA FALLS COLLEGE

## Church Matching Grant Eligibility Verification Form

The Church Matching Grant will match scholarship funds from a student's church up to \$1,500 annually provided the funds given by the church are not the result of a designated gift from the student's immediate or extended family. For the student to benefit from the Church Matching Grant, this verification form must be signed by the pastor or other designated church representative and the church treasurer or finance committee chairperson. Return completed form to the *Office of Financial Aid, Toccoa Falls College, 107 Kincaid Dr. MSC 900, Toccoa Falls, GA 30598.*

Funds for this match are limited and will be awarded to students based on the completion date of their application. **The funds to be matched must be received by Toccoa Falls College by August 1 for the fall semester and January 1 for the spring semester.** Funds received after these dates will be applied to the following semester. If the funds are not received for the semester, the Financial Aid Office will remove the church scholarship and the matching grant funds from the student's financial aid award package.

### Student Information:

Name \_\_\_\_\_ Student ID #: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

### Pastor's Verification of Eligibility:

All Information Below Is Required:

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Scholarship for Fall Semester \$ \_\_\_\_\_ Scholarship for Spring Semester \$ \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

By signing below, we certify as the pastor and as the church treasurer/finance committee chairperson that the scholarship funds sent to Toccoa Falls College for the benefit of the above named student are from the church's general budget or established scholarship fund. The funds did not come from the student's immediate or extended family for the direct benefit of their above named student.

\_\_\_\_\_  
Signature of Pastor

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Treasurer/Finance Committee Chairperson

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date