



CMA Camp Matching Grant

Purpose

The CMA Camp Matching Grant is designed to give CMA Camps 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 CMA Camp 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 per academic year (\$750 per semester) of any scholarship funds given by a student's church. The source of the funds must be the camp's general budget or established scholarship fund. The funds **cannot** come from a member of the student's immediate or extended family through the camp's operating accounts and **cannot** be funds directly earned by the student working for the camp.

Process for Application

1. The student must be accepted for enrollment at Toccoa Falls College.
2. The Eligibility Verification Form for the CMA Camp Matching Grant should be sent as soon as possible by the camp as it determines the order of awarding. Eligibility form must be completed and signed by both the Camp Director and the Camp Treasurer. 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 CMA Camp Matching Grant is renewable annually contingent upon continued participation by the CMA Camp.
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 camp or placed in the college general scholarship budget at the camp's instruction.



TOCCOA FALLS COLLEGE

CMA Camp Matching Grant Eligibility Verification Form

The CMA Camp Matching Grant will match scholarship funds from a student's church up to \$1,500 annually (\$750 per semester) provided the funds given by the camp are not the result of a designated gift from the student's immediate or extended family and are not funds directly earned by the student working at the camp. For the student to benefit from the CMA Camp Matching Grant, this verification form must be signed by the Camp Directory and the Camp Treasurer. 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 #: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

CMA Camp Verification of Eligibility:

All Information Below Is Required:

Name of CMA Camp: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

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

By signing below, we certify as the Camp Director and as the Camp Treasurer 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 and were not earned by the student working for the camp.

Signature of CMA Camp Director

Printed Name

Email Address

Date

Signature of Treasurer/Finance Committee Chairperson

Printed Name

Email Address

Date