



*Columbia Foundation*  
**Application for Student Grant**  
 for the 2024-2025 Academic Year

Deadline for Submission:  
**1 May 2024**

**Applicant's Information**

*If not filling out form on computer, please PRINT legibly in black or blue ink  
 All information will be treated as confidential by the Foundation*

Student ID# \_\_\_\_\_

*Note: If you have not yet been accepted by the educational institution and issued a Student ID number, you must provide the number to the Foundation before a grant check may be released.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: Male Female

Applicant's telephone: \_\_\_\_\_ Applicant's e-mail: \_\_\_\_\_

Applicant's Profession/Job: \_\_\_\_\_ Employer: \_\_\_\_\_  
*(if currently employed or anticipate employment during school year) (include employment location, city & state)*

Name of Parents/Guardian: \_\_\_\_\_ Profession/Job: \_\_\_\_\_  
*(if Applicant is a minor or is a dependent of parents/guardian) (Parents/Guardian's work)*

Name of Spouse/Fiancé(e): \_\_\_\_\_ Profession/Job: \_\_\_\_\_  
*(if Applicant is married or engaged) (Spouse/Fiancé(e)'s work)*

If Applicant has any minor children, number: \_\_\_\_\_ and their ages: \_\_\_\_\_

**Secondary/High School** *(complete this section only if this is your first year of higher education)*

Name of High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
*(include City, State or Country) (month/year)*

**Educational Institution** *(where you have been/intend to be accepted for enrollment)*

Undergraduate Class: \_\_\_\_\_ Graduate/Other: \_\_\_\_\_  
*(Freshman, 1<sup>st</sup> year, Sophomore, etc.) (1<sup>st</sup>, 2<sup>nd</sup> year, etc. and total number of years to diploma; e.g. 1<sup>st</sup> year of 2 years)*

Name of School: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address for Bursar's Office: \_\_\_\_\_  
*(where CF should mail check, if approved)*

For fall 2024, I plan to attend full time Yes No; If not full time, number of credit hours intended in the fall 2024: \_\_\_\_\_

For spring 2025, I plan to attend full time Yes No; If not full time, number of credit hours intended in the spring 2025: \_\_\_\_\_

Tuition cost: \_\_\_\_\_ (e.g., \$150/credit hour or \$13,000/semester) Anticipated graduation date: \_\_\_\_\_  
*(show cost per credit hour or academic period) (for award of degree/diploma) (month/year)*

Intended field (major) of study: \_\_\_\_\_ Intended degree/certificate: \_\_\_\_\_  
*(if undecided, enter 'Undecided') (e.g., B.A., B.S., M.A., PhD, Graduate Certificate, etc.)*

**Required:** Most recent transcript attached (if this is not your first educational grant from the Columbia Foundation; unofficial transcript or website printout of courses/grades is acceptable)

*For Columbia Foundation Use Only*

Date Received: \_\_\_\_\_ L&G Cmte Recommended: \$ \_\_\_\_\_ Approved: \$ \_\_\_\_\_



Yes No Have you received a Columbia Foundation educational grant before?

If 'Yes', please provide a short statement on the impact/benefit that the Foundation's grant had on your educational aspirations. (Note: statement, without attribution, may be used in Foundation's promotional materials/reports.)

If 'No', please provide the names, points of contact (e-mail address or telephone number), and years known for three persons, other than relatives, whom we may contact as references, at least one of which has known you for 10 years or more:

Additional Information

How did you learn about the Columbia Foundation? \_\_\_\_\_

Do you have a connection with Columbia Baptist Church? If so, please describe: \_\_\_\_\_

Please provide below any additional information regarding your financial aid request that you would like to have considered by the Foundation when your application is reviewed:

*Important: Partially completed forms will not be considered for approval; Please estimate where necessary (indicating '[est.]').*

I certify that to the best of my knowledge the above information is true and correct and fairly portrays my educational intentions and financial situation.

Applicant's Signature

Date

**Return the completed application to: Columbia Foundation, 103 W. Columbia St., Falls Church, VA 22046 or scan and e-mail to: [contact@columbiafoundation.net](mailto:contact@columbiafoundation.net)**

**Application must be received by May 1<sup>st</sup>  
(Receipt of Application will be acknowledged by e-mail)**