Columbia Foundate Application for Student G for the 2024-2025 Academic Year Applicant's Information	rant	Deadline for Submission: 1 May 2024
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 Name:Address:	Note: If you have not yet be institution and issued a Stue	een accepted by the educational dent ID number, you must Foundation before a grant check
Agenerative		
Applicant's Profession/Job: Employer: (if currently employed or anticipate employment during school year) Name of Parents/Guardian: Name of Parents/Guardian: Profession (If Applicant is a minor or is a dependent of parents/guardian)	(include employment locati on/Job:(Parents/	on, city & state) Guardian's work)
Name of Spouse/Fiancé(e): Professi (if Applicant is married or engaged)		Fiancé(e)'s work)
If Applicant has any minor children, number: and their ages: Secondary/High School (complete this section <u>only</u> if this is Name of High School: (include City, State or Country) Educational Institution (where you have been/intend to be	your first year of higher ea	ation Date:(month/year)
Undergraduate Class: Graduat (Freshman, 1st year, Sophomore, etc.) Graduat (1st, 2nd ye	e/Other ar, etc. <u>and</u> total number of years i	o diploma; e.g. 1st year of 2 years)
Name of School:		
For fall 2024, I plan to attend full time Yes No; If not full time, number of c For spring 2025, I plan to attend full time Yes No; If not full time, number of c Tuition cost:	credit hours intended in the	spring 2025:
For fall 2024, I plan to attend full time Yes No; If not full time, number of c For spring 2025, I plan to attend full time Yes No; If not full time, number of c Tuition cost: (e.g., \$150/credit hour or \$13,000/semester)	Anticipated graduation (for award of degree/diplo ertificate:(e.g., B.A., B.S., M.A	date: ma) (month/year)
For fall 2024, I plan to attend full time Yes No; If not full time, number of of For spring 2025, I plan to attend full time Yes No; If not full time, number of of Tuition cost:	Anticipated graduation (for award of degree/diplo ertificate: (e.g., B.A., B.S., M.A om the Columbia Foundation	date: ma) (month/year)

	Final	ncial Situation		pg. 2
	ng financial information; where necessary nation' section on pg. 3, if needed.)	y indicate estimates by '[est.]'.		
Applicant's Federal Adju	sted Gross Income for year ending 12/31	/23 (from IRS Federal 2023 tax return of	or estimate): \$	
	dent on anyone's Federal Tax return for 2 Federal Adjusted Gross Income for year e		es', please provide return or est.): \$	
Expected Expenses dur	ing School Year	Expected Income during School Y	ear	
Tuition and Fees:	\$	Savings Prior to Enrollment:	\$	
Room and Board:	\$	Earnings During School Year:	\$	
Books and Supplies:	\$	Scholarships (list below):	\$	
Personal Expenses:	\$	Loans/Grants (list below):	\$	
Transportation:	\$	Parental/Spousal Assistance:	\$	
Other	_: \$	Other Assistance (list below):	\$	

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List source and amount of scholarships, loans, grants, or any other financial assistance (approved or applied for):

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Source and Type of Assistance		Amount
	\$	
Source and Type of Assistance		Amount
	\$	
Source and Type of Assistance		Amount

Total Expected Income:

\$

List all of your debts and financial obligations extending beyond 60 days, including student loans:

Total Expected Expenses:

\$

Name of Creditor	Date Incurred	Amount	Unpaid Balance	Monthly Payment Date to Start
		_ \$	\$	\$
		_ \$	\$	\$
		_ \$	\$	\$

Financial Aid Request Note: The funds available to the Columbia Foundation to approve as grants are limited. The Foundation's policy is to provide funds based on demonstrated financial need and in accordance with the sound stewardship of funds entrusted to us to further our Christian mission. Failure to provide full and accurate financial information to help us make a valid assessment of your financial need relative to other applicants will delay and/or limit our ability to respond affirmatively to your application. Please consider your request prayerfully. I am requesting financial assistance in the amount of \$ to be provided by: _ (Specify a specific dollar amount) (Date needed)

Impact Statement/References

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 <u>three</u> 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

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