

Applicant Information for Church Work Student Aid Policy

- Name of Applicant: _____
 - Phone #: _____
 - Email address: _____
 - Contact Preference: _____ Email _____ Text _____ Call _____
- Parent/Guardian Names: _____
 - Parent/Guardian Phone #: _____
 - Parent/Guardian Email: _____
 - Contact Preference: _____ Email _____ Text _____ Call _____

I have received a copy of the Church Worker Student Aid Policy, understanding the requirements and the Board of Stewardship may use the information provided to contact you of upcoming changes/requirements/communication from BOS.

Applicant

Date

Parent/Guardian

Date