

### **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.

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Applicant

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Date

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Parent/Guardian

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Date