



Employment Verification

National Christian School Association School (K-12) - Employee Grant: 2019-2020

A **\$1,000** employment-based grant is available to students whose parent is employed full-time (40 hours per week) for a member school of the National Christian School Association (NCSA). This grant is available to students who are enrolled full-time in **undergraduate studies**, who are **less than 25 years old**, and who are considered **dependent** for federal income tax purposes. Married children are not eligible. Students must be seeking a **first degree**; second-degree students are not eligible. This grant is **subject to GPA and probation restrictions** as described in the current Undergraduate Catalog and is available only for the customary duration of an academic program. Students must maintain a cumulative GPA of **2.0**. This grant may be stacked with all other gift aid, **not to exceed full tuition**. If all gift aid exceeds full tuition, the grant will be reduced to meet the awarding rule. Children of Lipscomb employees are not eligible. Recipients of the Trustee Scholarship, National Merit Finalists/Semi-Finalist Scholarship, Lipscomb Academy Valedictorian Scholarship and Athletes who combined Lipscomb Aid is full tuition and above are not eligible.

Students are required to **enroll as a full-time student** (12 or more hours), and **file a FAFSA** (Free Application for Federal Student Aid) each academic year. Children of Lipscomb employees are not eligible..

Check One: Freshman Continuing Student **Semester/Academic Year:** _____

Parent: Complete this section and give the form to your employer for approval.

Student Name: _____ L# _____

Address: _____

City/State/Zip: _____

My signature on this document indicates that I have read the document and agree to abide by all regulations and requirements associated with this grant.

Parent Signature _____ Student Signature _____

Date: _____

Employer: Complete this section and return to the Office of Financial Aid.

I certify that _____ is employed **full-time** *
at: _____

****Must be a member school (K-12) of the National Christian School Association. Employment must be a full-time position working at least 40 hours per week. For student to receive award each semester, the parent must remain employed.***

Signature of School Official: _____

Name (Print): _____ Title: _____

Address: _____

Date: _____ Phone Number: _____

