

Employment Verification



National Christian Schools Association School (K-12) - Employee Grant

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 award 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 can 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 whose 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.

Check One: Incoming Student 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 scholarship award.

Parent Signature _____ Student Signature _____

Date: _____

Employer: Complete this section and email the form to financialaid@lipscomb.edu

I certify that (Print) _____ 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: _____