

EVANGEL UNIVERSITY

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AGWM Missionary Tuition Discount Request

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Dear Missionary:

We are pleased to offer a 50 percent tuition discount on classes taken at Evangel University to the dependents of Assemblies of God world missionaries; married children are not eligible for discount. It is the student's responsibility to notify the Student Financial Services Office of any change in eligibility status.

H Y X]gWti bhXcYg' bchUdd'mlrc' WUggYg' HJ_Yb' cZZWUa di g'fj'Yr' Gh Xmi5VfcUXZ7 cl 'GW cc'' cZBi fg]b[' UbX' <YUH' GVYbWg' cf' Wti fgYg' HJ_Yb' Uhi cH Yf']bg]hi h]cbgtZ bcf' XcYg']hi Udd'mlrc' ; fUXi UH' cf' 5Xi `h 8 Y[fYYdfc[fUa g"

We count it a privilege to have your son or daughter as a part of our student body. Our desire is to eliminate any problems for your son or daughter during financial registration by having the discount already credited to their student account. Please let us know if your student is eligible by completing the requested information below. This form must then be submitted to Evangel and we will have it verified by the MK Coordinator at A/G Headquarters.

D`YUgY' bchY. `Gh XYbhVYWta Yg' B9 @; -6 @ `Zcf' X]gWti bh]Z

1. Married OR older than 23 years of age during current academic year.
2. Not eligible for financial aid due to poor academic performance.
3. Account is more than one semester delinquent.
4. Student is placed on disciplinary status of personal probation or higher.
5. Classes are not taken on the campus of Evangel University.

Missionary's name: _____

Student: _____
First Name MI Last Name

Student's Social Security Number: _____ Birth Date: _____

Term/yr: Fall _____ Spring _____ Credit hours- FA ____ SP ____

I verify that this student is my legal dependent and meets the requirements for this discount.

Missionary signature _____ Date _____

AGWM MK Program Coordinator signature (Evangel will forward this document) _____ Date _____