EVANGEL UNIVERSITY

STUDENT FINANCIAL SERVICES – 1111 N GLENSTONE – SPRINGFIELD, MO 65802
(417) 865-2815 ext. 7300
Fax: (417) 575-5478

AGWM Missionary Tuition Discount

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 and students over the age of 23 are not eligible for this discount. It is the student's responsibility to notify Student Financial Services of any change in eligibility.

The discount does not apply to classes taken off campus (i.e. Study Abroad, Cox School of Nursing and Health Sciences, or courses taken at other institutions), nor does it apply to Graduate or Adult Degree programs.

We count it a privilege to have your son or daughter as part of our student body. Please let us know if your student is eligible by completing the information below and returning this form to SFS at Evangel. We will obtain verification from the MK Coordinator at AG Headquarters.

You only need to complete this form once; we will automatically renew the discount each semester as long as the student remains eligible according to the below criteria and as confirmed by the AGWM MK Office.

Please note: student becomes INELIGIBLE for discount if

1) Married OR 24 years of age or older at beginning of term (semester-by-semester basis; i.e., student could be eligible in fall but ineligible in spring);
2) Not eligible for financial aid due to poor academic performance;
3) Account is more than one semester delinquent;
4) Classes are not taken on the campus of Evangel University.

This discount form is for dependents of nationally appointed AGWM missionaries.

Missionary: _____

Student: _____
First Name MI Last Name

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

Academic year for which you are applying for a discount? _____

Which terms will the student be attending Evangel? _____Fall _____Spring

How many credit hours will the student be taking each term (estimate)? _____Fall _____Spring

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

_____ _____
Parent signature Date

_____ _____
AGWM MK Program Coordinator Signature Date

Please return to Student Financial Services; we will obtain verification from the AGWM MK Coordinator.