

Transition-to-College Assistance Grant Application 2011-2012 Academic Year*

A Plan member

Name _____ SSN _____
Address _____
City _____ State _____ Zip _____
Phone (_____) _____ Email (optional) _____

B Church or service

Position _____
Organization name _____
Address _____
City _____ State _____ Zip _____
Phone (_____) _____ PIN number _____
Spouse name _____ SSN _____

Is your spouse a member of the Board of Pensions Benefits Plan? Yes No

If yes, what is the name and address of the employing organization?

Position _____
Organization name _____
Address _____
City _____ State _____ Zip _____
Phone (_____) _____ PIN number _____

C Dependent child (full-time, first-year college freshman)

Name _____
Address _____
City _____ State _____ Zip _____
Phone (_____) _____ Date of birth _____
College _____ Effective date of college enrollment _____

* This application form and the requirements set forth for its completion will be valid only for the 2011 - 2012 academic year.

(over)

D Requirements

Please attach (*applications will not be processed without this information*):

1. Proof of dependent child's enrollment as a full-time, first-year freshman at an accredited college or university.

Proof of a child's enrollment as a full-time freshman includes, but is not limited to, any of the following documents:

- a letter from the college or university registrar giving your child's name, class (or anticipated date of graduation), and confirmation of his/her full-time student status;
- a schedule of classes for which your child has registered showing a full-time course load and freshman level classes; or
- an itemized, receipted tuition bill showing your child's name, class (or anticipated date of graduation), full-time tuition, and/or housing and meal expenses.

A college's letter of acceptance is not considered proof of enrollment.

2. A copy of parent IRS Form 1040 (page 1 and 2), Form 1040A (page 1 and 2), or Form 1040EZ.

E College financial information

Estimated total annual cost:

Tuition _____ \$ _____

Room and board _____ \$ _____

Other expenses _____ \$ _____

Scholarships/grants received _____ \$ _____

Does the student plan to use educational loans? Yes No

Do the parents plan to use educational loans? Yes No

How much money do you expect to borrow over four years?

Student _____ \$ _____

Parents _____ \$ _____

F Other dependent children

Name _____ Date of birth _____

Name _____ Date of birth _____

Name _____ Date of birth _____

Name _____ Date of birth _____

Plan member signature _____ Date _____

Please return this form with the required information to:

The Board of Pensions of the Presbyterian Church (U.S.A.)

Assistance Team

2000 Market Street, Philadelphia, PA 19103-3298

800-773-7752 (800-PRESPLAN)