About the 2026-2027

Business Partnership Scholarship

In order to meet the growing demands of professionals with busy schedules, Bethel University is proud to offer a variety of options for you and your organization, including the Bethel Business Partnership Scholarship.

Through the Bethel Business Partnership Scholarship, approved degree-seeking employees and constituents of a Bethel business partner may receive **$400 per semester** (up to $1,200 year) when enrolled at least half time* each term.

Requirements:

Recipients must:

1. Be admitted as a degree-seeking Bethel student into the College of Adult and Professional Studies (CAPS), Graduate School (GS), or Seminary (SEM) -- *(Physician Assistant, Nurse Midwifery, Post-Baccalaureate Nursing, M.S. in Medical Science, Doctor of Ministry, and Certificate Programs are excluded).*
2. Students admitted as a degree-seeking Bethel student into the Ed.D.in Leadership in Higher Education Program are eligible to apply.
3. Complete the scholarship application (see reverse) and submit it to the Bethel University Financial Aid Office prior to the start of your first class.
4. Enroll at least half time* per term.
5. Maintain satisfactory academic progress toward your degree (see student handbook).
6. Maintain Bethel University Business Partner eligibility requirements (e.g. employment or other approved status).
7. Reapply each year.

Frequently Asked Questions:

How long will this scholarship be available to me? Bethel Business Partnership Scholarship will be offered up to the completion of your program. Students must apply annually.

If I decide to take fewer credits, do I lose my scholarship? You will not receive the scholarship during the semesters you are enrolled less than half time.* However, the scholarship will resume once your enrollment status is at least half time, provided a current Business Partnership Scholarship form is on file.

May I seek additional resources to pay for my schooling? Yes, if you are completing a Bachelor's degree you may be eligible for grants and loans. If you are completing a Master's degree you may be eligible for loans. Additional information can be found at ***bethel.edu/financial-aid*** .

**Half time is 3 credits/semester for GS & SEM; 6 credits/semester for CAPS.*

Office of Financial Aid ● Bethel University ● 3900 Bethel Drive ● St. Paul, MN 55112 ● fax: 651.635.1491
phone: 651.638.6241 ● 1.800.255.8706 ext. 6241 ● web: bethel.edu/financial-aid (use secure upload tool)

2026-2027 Application

Business Partnership Scholarship for CAPS, Graduate, and Seminary Students

Applicants expecting to enroll and receive the Bethel Business Partnership Scholarship must complete and submit this application annually to the Bethel University Financial Aid Office. Students who receive this scholarship must also maintain a minimum enrollment of at least half time per term and fulfill the Bethel University Business Partner eligibility requirements (e.g. maintain employment or other approved status with a Business Partner). Recipients of this scholarship are not eligible for other Bethel-funded grants or scholarships.

Please note: This form is used only to apply for the Bethel Business Partnership Scholarship. It is not an application for admission into the program or an application for any other types of financial aid.

Part I: Applicant

Legal Name: _____
Last First Middle (Maiden)

Bethel ID (if known): _____ SSN (only if Bethel ID not listed): _____-_____-_____

Email Address: _____ Date of Birth: _____/_____/_____

Daytime Phone: (_____)_____ Evening Phone: (_____)_____
(check one: ❒ home ❒ work ❒ cell) (check one: ❒ home ❒ work ❒ cell)

Home Address: _____
Street Address City State Zip

How many credits do you plan to take each term? Fall 2026: _____ Spring 2027: _____ Summer 2027: _____

Student status: ❒ Continuing Student ❒ New Student

Intended degree: ❒ Associate ❒ Bachelor ❒ Master ❒ Doctorate

Part II: Qualifying Partner Information

Complete by checking one option below indicating the Business Partner you have a relationship with.

❒ Global Leadership Summit Partner recipients. By checking this box, I certify that I attended the Global Leadership Summit August 6-7, 2026. My unique Global Leadership Summit ID provided upon registration was: _____

❒ AACRAO graduate of "strategic enrollment management endorsement program". Please list the date you completed this program? _____

❒ By checking this box, I certify that I maintain employment or other approved status with a Business Partner or CCCU School. **Part IV of this form (on the reverse side)** requires completion. I am employed at: _____

❒ By checking this box, I certify that I am a resident at FreedomWorks in Minneapolis, Minnesota. I became a resident at FreedomWorks on this date: Month: _____ Year: _____

❒ By checking this box, I certify that I received my MA degree from a CCCU school and I am pursuing my EdD. Degree at Bethel. Please list the name of the CCCU School _____

Please continue to next page

Part III: Additional Financial Aid Information

Do you also wish to be considered for other types of financial aid (like federal loans)? ❒ YES ❒ NO

If yes, please also submit the following document:

1. FAFSA (Free Application for Federal Student Aid at ***fafsa.gov***; Bethel's FAFSA Code is 002338)

Proxy Access:
FERPA prohibits us from discussing or releasing information about your financial aid without your authorization. If you would like your spouse, parents, or other third party you can authorize access here: https://www.bethel.edu/financial-aid/proxy

My name in the field below serves as my signature and indicates that the information I have provided is true and complete.

Type Name: _____ Date: _____/_____/_____

Part IV: Employer *(Required if your scholarship qualification is based on your employment with a business partner employer (including CCCU school and FreedomWorks). Not required if your scholarship qualification is based on your Global Leadership attendance, AACRAO graduation, Earned MA at a CCCU school, or if you are a FreedomWorks resident.)*

Eligibility Status: ❒ Full-Time employee ❒ Part-Time employee
❒ Temporary employee ❒ Other approved status: _____

Business Partner Name: _____

Employer Signature: _____ Date: _____/_____/_____

Print Name: _____ Title: _____

Phone: (_____)_____ Email: _____

Bethel Office Use Only:

*X*_____

_____/_____/_____

❒ For FreedomWorks applicants, must confirm FRWK attribute