



About the 2017-2018

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, and Doctoral Students excluded).*
2. Complete the scholarship application (see reverse) and submit it to the Bethel University Financial Aid Office prior to the start of your first class.
3. Enroll in at least half time* per term.
4. Maintain satisfactory academic progress toward your degree (see student handbook).
5. Maintain Bethel University Business Partner eligibility requirements (e.g. employment or other approved status).
6. 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 cohort. 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.

2017-2018 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 2017: _____ Spring 2018: _____ Summer 2018: _____

Student status: ☐ Continuing Student ☐ New Student

Intended degree: ☐ Associate ☐ Bachelor ☐ Master ☐ Doctorate

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 www.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>

Applicant Signature: _____ Date: _____ / _____ / _____

My signature indicates that all the information is true and complete.

Part II: Employer (required)

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 _____

_____ / _____ / _____

PLEASE SEND COMPLETED FORM TO:

Office of Financial Aid • Bethel University • 3900 Bethel Drive • St. Paul, MN 55112
651.635.1491 (fax) • 651.638.6241 (phone) • finaid@bethel.edu