RANDOLPH-MACON COLLEGE
ENTITLEMENT ELIGIBILITY FORM

Eligibility for Entitlement Awards for Academic Year 2013-2014
(Return by March 1, 2013 only if your response is Yes to one or more of the programs listed below)
Please note that these awards may alter any existing awards you have already received

Student Name: _____ SSN (last 4 digits): _____

Home Address: _____

I will be: _____ An Entering Student _____ A Returning Student

I wish to be considered for the award program(s) indicated below. I understand that the combination of college non-need based grants/scholarships plus Virginia Tuition Assistant Grant (VTAG) will not exceed tuition:

1. Family Tuition Grant

I will have one or more sisters or brothers enrolled at Randolph-Macon College. _____Yes _____ No
If yes, please give name(s) and class year at Randolph-Macon. _____
_____.

2. Preministerial Grant

I am planning a career in a church-related vocation. _____Yes _____ No

Please attach a statement of your career goals **and** have your pastor submit a letter of recommendation supporting your church-related career. Please note that this grant becomes a loan if you do not enter a full-time church-related career. A. Purnell Bailey recipients must choose this grant or the Bailey; both are not permitted.

3. Alumni Legacy Grant

I have a legacy connection to Randolph-Macon College because my father, mother, brother, sister, aunt, uncle, grandmother, or grandfather attended the college. _____ Yes _____No

If yes, please list your legacy's name, relationship to you and the year(s) attended R-MC:
_____

4. Employee Tuition Remission

My parent/spouse is employed full-time at Randolph-Macon College. _____Yes _____ No

Please give name of parent/spouse: _____
Date of Employment: _____

5. Minister's Family Grant

My parent/spouse is a United Methodist Minister serving the Virginia Conference. _____Yes _____ No
Please complete the endorsement below:

This is to certify that _____ is a Minister of the United Methodist Church serving the Virginia Conference. He/she is currently assigned to the _____ Church in the _____ District.

Name of District Superintendent: _____

Signature of District Superintendent: _____ Date: _____

6. Student Signature: _____ Date: _____

Please return to: Financial Aid Office, Randolph-Macon College, P. O. Box 5005, Ashland, VA 23005-5505 or FAX: (804)752-3719