



Office of Financial Aid
 P. O. Box 5005, 114 College Avenue
 Ashland, VA 23005
 FAX: (804) 752-3719
 Email: financial-aid@rmc.edu

STUDENT INFORMATION		
Student Name:		
_____	_____	_____
Last	First	M
RMC ID#: _____		

ENTITLEMENT ELIGIBILITY FORM 20__ -20__

I wish to be considered for the award program(s) indicated below. I understand that the combination of college based grants/scholarships plus Virginia Tuition Assistant Grant (VTAG) will not exceed tuition. These awards may also alter any existing awards I may have already received:

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

Legacy's name: _____

Relationship: _____ Year(s) attended: _____

Family Tuition Grant

I will have one or more family member enrolled full-time at Randolph-Macon College: Yes No

Family member name(s) and ID number(s): _____

Minister's Family Grant

My parent/spouse is a United Methodist Minister serving the Virginia Conference: Yes No
 If yes, please have the endorsement below completed:

<p>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.</p> <p>Name of District Superintendent: _____</p> <p>Signature of District Superintendent: _____ Date: _____</p>

Pre-Ministerial 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.*

Student Signature: _____ **Date:** _____