

Student Name:	TCU ID:
Please indicate the academic year for v	which you are applying (ex.: 2024-2025)
	ANT VERIFICATION OF MEMBERSHIP IN THE LES OF CHRIST CHURCH
* *	d for funds from the Beasley Foundation Grant at Texas the following information so that we may determine this
Is your church a member of the Discip	oles of Christ denomination?
Is this student currently an active mem	nber of your congregation?
Has the student been a member for at l	least six months?
Name of Minister:	Name of Church:
Church Address:	City:
State:	Zip:
Comments:	
Title of Church Official	Signature of Church Officials
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