



Student Name: \_\_\_\_\_ TCU ID: \_\_\_\_\_

Please indicate the academic year for which you are applying (ex.: 2023-2024) \_\_\_\_\_

**BEASLEY FOUNDATION GRANT VERIFICATION OF MEMBERSHIP IN THE  
DISCIPLES OF CHRIST CHURCH**

The above named student has applied for funds from the Beasley Foundation Grant at Texas Christian University. Please provide the following information so that we may determine this student's eligibility.

Is your church a member of the Disciples of Christ denomination? \_\_\_\_\_

Is this student currently an active member of your congregation? \_\_\_\_\_

Has the student been a member for at least six months? \_\_\_\_\_

Name of Minister: \_\_\_\_\_ Name of Church: \_\_\_\_\_

Church Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Comments:  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Title of Church Official

\_\_\_\_\_  
Signature of Church Officials