Please Return To:
Texas Christian University
Office of Scholarships and Student Financial Aid
TCU Box 297012
Fort Worth, TX 76129
(817) 257-7858
Fax (817) 257-7462



Student's Name	TCU Student ID Number
Please indicate the academic year for	which you are applying (example: 2017-2018):
VERIFICA	EY FOUNDATION GRANT ATION OF MEMBERSHIP IN CIPLES OF CHRIST CHURCH
* *	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 Disci	ples of Christ denomination?
Is this student currently an active mer	mber of your congregation?
Has the student been a member for at	least six months?
Name of Minister:	
Name of Church:	
Church Address:	
COMMENTS:	
Title of Church Official	Signature of Church Official