

E-mail: financialaid@grace.edu

Please return this completed form to the Office of Financial Aid by June 30, 2024

udent Name:		Student ID:
t any anticipated scholarshi	ips or grants not already l	isted on your Financial Aid Award Notification.
Scholarship or Resource	<u>Name</u>	Annual Amount
Pleas	e do not include Church Match	ing or any other Grace aid on this form.
, ,	ached statement from the	on received from the awarding agency. Funds report e awarding agency will be limited to use towards dire
	s can view their account o	are estimated until dollars are received from the on portal.grace.edu on the Student Tab in the Stude
udent Signature:		Date:
	@grace.edu Em	