PROVIDENCE
CHRISTIAN COLLEGE

Financial Aid Office
Refer-A-Friend Grant Request Form

The Providence "Refer-A-Friend" grant serves to encourage current Providence students to in turn encourage friends and family members to enroll in the college. In order to receive this grant, students must document the capacity in which they know the student and the manner in which they influenced that student to attend Providence. The student recruit must enroll for two consecutive semesters in order for the Providence student to receive the $250 grant.

Please complete the form below and submit it to the financial aid officer.

_____ _____
Date Student ID #

_____ _____
Last name First name MI

Student who you influenced to attend Providence:

_____ _____
Last name First name

In what capacity do you know this person?

_____

In a short paragraph (4-5 sentences), explain how you directly influenced this person to attend Providence. You may use the back of this page if you need more space.

_____

_____

_____

_____

By signing below, I certify that the information provided above is true.

_____ _____
Student Signature Date

Last revised: 1-23-08

Approved: _____ Rejected: _____ Initial: _____

If rejected, why? _____

_____