

Heartland Christian College Microgrant Application Form

Student Name (Print): _____

Date of Request: _____

Amount Requested: _____

Leader Recommendation (Print): _____

Leader Signature: _____

Financial Need: Please type and submit a separate page with details of the financial need for which you are requesting microgrant funds; how much you are requesting, when it needs to be paid, etc. Also include why this has presented a financial hardship for you at this time. Be prepared to provide documentation (bills, pay stubs, etc.) if required by the review committee.

Review Results:

- Request approved per application
- Request approved with some amendment
- Request not approved

Release of Funds (as applicable)

Entity receiving funds: _____

Amount of funds released: _____

Date of release: _____

Financial Aid Officer Signature

Date