

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: 2009-2010): \_\_\_\_\_

**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 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: \_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Church Official