



**Check All That Apply**

- \_\_\_\_\_ I plan to apply for a Master of Education Grant (you must complete the 2019/20 FAFSA)
- \_\_\_\_\_ I plan to apply for Federal financial aid, including loans (**if you check this you must complete the 2019/20 FAFSA** )
- \_\_\_\_\_ I completed the FAFSA on this date \_\_\_\_\_ .
- \_\_\_\_\_ My employer will be paying for part or all of the MEd program. If so, the enclosed Employee Reimbursement form must be completed before any other aid is disbursed and before **any** paperwork is sent to your employer. **All M Ed students must complete the Employee Reimbursement form whether they are receiving any reimbursement or not.**
- \_\_\_\_\_ I understand that if I want someone else to have access to my financial/academic information (i.e. spouse, parent, or employer) I need to include that person on the "Release of Information" form included in the registration packet.

**LOANS** – Because of changes that congress has made, students pursuing a graduate degree are no longer eligible for the Federal **Subsidized** Direct Loan program. They will still be eligible for the Federal Direct **Unsubsidized** Loan and Graduate PLUS loans. This means that the interest will start accruing on that loan as soon as it is disbursed.

**CHURCH PARTNERSHIP PROGRAM**

\_\_\_\_\_ My church is in the Church Scholarship Promise Program and I was a member of that church by December, 2018.

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Name of Church

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City

State

Zip

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You may send this information back to us either by:

1. e-mail: [brenda.rapier@covenant.edu](mailto:brenda.rapier@covenant.edu)
2. by fax: 706-820-0893
3. by mail: Financial Aid Office  
Attn: Brenda Rapier  
14049 Scenic Highway  
Lookout Mountain, GA 30750  
706-419-1154 or 706-419-1126

Please make sure you print the third page, which is the Employee Reimbursement form. Complete it and return it along with your financial aid application to the Graduate School of Education, Master of Education.

**EMPLOYEE REIMBURSEMENT FORM--2019**  
**Master of Education Program – Covenant College**

**Directions: Please complete this form and return with the 2019 MEd financial aid application whether you are receiving employee reimbursement or not.**

**Employee Reimbursement is considered as a financial resource for financial aid. It will be part of your financial aid package and it may affect your eligibility for additional grants, scholarships and loans.** No request for paperwork to be sent to an employer will be processed unless we have this completed form in your file.

Student Name: \_\_\_\_\_  
(as it appears on your Social Security card)

Address: \_\_\_\_\_  
Street City, State Zip

Daytime Phone: \_\_\_\_\_ Nighttime Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Person in charge of reimbursement: \_\_\_\_\_

\*May I e-mail the letter to you or your employer?      Yes      No

E-mail address \_\_\_\_\_

1. Is the employee reimbursement:

- \_\_\_\_\_ For tuition only  
\_\_\_\_\_ For Tuition, fees and Books

- \$\$ Amount (or percent) of reimbursement per semester: \_\_\_\_\_
- Please talk this over with your human resources Department so that you can be as accurate as possible. Does your employer pay after grants and scholarships?
- Attach a copy of your employee reimbursement policy from your employer.

\*For us to release any information directly to your employer, you will need to have a HIPPA/FERPA release form on file with your employer listed. If you need financial information included, be sure you list the employer under both areas.

2. \_\_\_\_\_ My employer will not contribute in any way financially to the cost of this Master of Education program, either before or after I complete the courses.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please contact Brenda Rapier to set up your Employee Reimbursement Plan 706-419-1154.**  
**While enrolled in the Master of Education program, it is your responsibility to contact Mrs. Rapier each time you need paperwork sent for reimbursement.**