

Covenant College – Master of Arts in Teaching (MAT)
Application for Financial Aid
2024-2025

This application, along with the Employee Reimbursement form, must be completed for you to be considered for **any** aid at Covenant College. In order for us to properly process your application you must have completed the admissions process and been accepted into the MAT Program.

Priority consideration - To be considered for an MAT Grant, all paperwork should be received in the Financial Aid Office by **April 15, 2024, priority deadline.**

Instructions

1. Complete and return this Covenant College Application for Financial Aid, along with the Employee Reimbursement form.
2. **Complete the 2024/2025 Free Application for Federal Student Aid (FAFSA) or Renewal Application for Federal Student Aid on the web at <https://studentaid.gov/h/apply-for-aid/fafsa>. You can download your 2022 federal tax return into your 2024/2025 FAFSA. Use the FSA User Name and password you already have if you have completed the FAFSA for your undergraduate program. Be sure you use the Covenant College Title IV code – 003484.**

Name: _____
(Printed as it appears on your Social Security Card)

Address: _____
Street

_____ City State zip

Gender: M F Married: Yes No

Social Security #: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____

May we contact you at work? Yes No

E-Mail Address: _____

Check All That Apply

_____ I plan to apply for an MAT Grant (you must complete the **2024/2025 FAFSA**)

_____ I plan to apply for Federal Financial Aid, including loans, by completing the FAFSA.
I completed the 2024/2025 FAFSA on this date _____.

_____ My employer will be paying for part or all of the MAT 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. **Please note: The Employee Reimbursement Form is only needed if the MAT student is currently employed in a school and the employer plans to reimburse the cost of the MAT program.**

_____ 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

Students pursuing a graduate degree are no longer eligible for the Federal **Subsidized** Direct loan program. You will be eligible for the Federal **Unsubsidized** Direct Loan. This means that the interest will start accruing on that loan as soon as it is fully disbursed.

CHURCH SCHOLARSHIP PROMISE

_____ My church is in the Church Scholarship Promise Program and I was a member of that church by December 2023.

Name of Church

City

State

Zip

You may send this information back to us either by:

1. e-mail: brenda.rapier@covenant.edu
2. by mail: Financial Aid Office
Attn: Brenda Rapier
14049 Scenic Highway
Lookout Mountain, GA 30750
706-419-1154 or 706-419-1126

EMPLOYEE REIMBURSEMENT FORM--2024
Master of Arts in Teaching Program – Covenant College

Directions: Please complete this form and return with the 2024 MAT aid application only if you are currently employed in a position at a school and your employer reimburses for the cost of the MAT.

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 MAT 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 Arts in Teaching program, it is your responsibility to contact Mrs. Rapier each time you need paperwork sent for reimbursement.