Transition-to-College Assistance Grant Application
2019-2020 Academic Year*

THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

Please print, complete, and mail, fax, or email this form to the Board of Pensions.

Transition-to-College Assistance Grant applications for the 2019-2020 academic year will be accepted between August 1, 2019, and June 30, 2020.

Applicant

Plan member with coverage in, at minimum, the Medical Plan

Name _____   Last 4 digits of SSN _____

Home address _____

City _____   State _____ ZIP _____

Phone (_____) _____   Email _____

Employer

Name _____

Position _____

Address _____

City _____   State _____ ZIP _____

Phone (_____) _____   PIN _____

Spouse

Spouse's name _____

Is your spouse a member of the Board of Pensions Medical Plan?   ☐ Yes   ☐ No

If yes, what is the name and address of the employer?

Name _____

Position _____

Address _____

City _____   State _____ ZIP _____

Phone (_____) _____   PIN _____

This application form and the requirements for its completion will be valid only for the 2019-2020 academic year.

Dependent child
Full-time, first-year college freshman

Name

Address

City   State   ZIP

Phone (   )   Date of birth

Name of college   Effective date of college enrollment

Requirements

Please attach (applications will not be processed without this information):

1. A copy of plan member and spouse (if filing separately) IRS Form 1040 (pages 1 and 2).

2. Proof of dependent child's enrollment as a full-time, first-year freshman at an accredited college or university, which includes, but is not limited to, any of the following documents:

    • a letter* from the college or university registrar with your child's name, class (or anticipated date of graduation), and confirmation of his/her full-time student status *(see NOTE below)*;

    • a schedule of classes for which your child has registered showing a full-time course load and freshman-level classes; or

    • an itemized tuition receipt showing your child's name, class (or anticipated date of graduation), and full-time tuition cost.

    *NOTE: Please <u>do not</u> submit a letter of acceptance from the college or university, as it does not fulfill the required proof of <u>enrollment</u>.

Applicant's signature   Date *(mm/dd/yyyy)*

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Mail, fax, or email this completed form and the required information to:
The Board of Pensions of the Presbyterian Church (U.S.A.)   2000 Market Street, Philadelphia, PA 19103-3298
800-773-7752 (800-PRESPLAN)   Fax: 215-587-6215   Email: memberservices@pensions.org

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