

**C&MA Undergraduate Grant Program  
Nyack College--Nyack, NY**

**C&MA Pastor--Grant Application/Reference Form**

The Christian & Missionary Alliance undergraduate grant program at Nyack College will provide tuition assistance to a C&MA student matriculating at Nyack College who is an active member or inherent of a C&MA Church. Eligibility for the grant program is determined by the applicant's commitment and involvement in a C&MA church as verified by a pastor's reference.

*Present this form to your C&MA pastor in the church you currently attend along with a pre-addressed postage paid envelope or have the completed form faxed directly by the Pastor to the Admissions Office. (contact info below)*

**To be Completed by the C&MA Applicant:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Please sign below if you wish to waive your right under the Family Educational Right and Privacy Act of 1974 to access this recommendation.

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

**To be Completed by C&MA Reference:**

The above named applicant is applying for the C&MA undergraduate grant program at Nyack College and requires the completion of this reference form to determine eligibility.

1. How long have you known the applicant? \_\_\_\_\_
2. What is the nature of your relationship? \_\_\_\_\_
3. Describe the applicants past and current involvement in C&MA ministries in your church including extent of participation and length of time as an active member or inherent.  
\_\_\_\_\_
4. To the best of your knowledge does the applicant show evidence of current commitment to the ministries of the C&MA? \_\_\_\_\_

Please provide any additional information that may assist Nyack College in determining the applicant's eligibility for the C&MA undergraduate grant program:

Your evaluation of the applicant's eligibility for the C&MA undergraduate grant program:

Approve \_\_\_\_\_ Not Approve \_\_\_\_\_ Reason \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Church Name \_\_\_\_\_ C&MA District \_\_\_\_\_

Address of Church \_\_\_\_\_

Contact Information—Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Return complete form to:  
Office of Admissions--Nyack College  
1 South Boulevard – Nyack, NY 10960-3698  
1-800-33-NYACK or Fax 845-358-3047