

Application for Ministerial Tuition Discount

Name _____ Age _____

Local Address _____

Home Address _____

Year at Averett _____ Major _____

Applicant's Signature _____

Date _____

I hereby certify that I am the (check one) parent ____ or official guardian ____ of the above applicant, and that I am an ordained minister with the _____ Church. My current position in the Church or denomination is _____.

Parent's Signature _____

Date _____

Please return to: Office of Financial Aid
Averett University
420 West Main Street
Danville, VA 24541