



## Southern Alberta Bible Camp Matching Grant Application

Undergraduate students attending Ambrose University who receive financial support from SABC can have that support matched by Ambrose up to \$1,000/academic year. This grant is only available for the fall and winter semesters.

**Please note:**

1. Applications for the SABC Matching Grant Program must be completed by August 31<sup>st</sup>.
2. Funds for the SABC Matching Grant Program are limited. Once all funding has been committed, no additional grants will be given.
3. Students must demonstrate financial need to be eligible for Ambrose’s portion of the matching grant.

### Student Section

**Eligibility:**

Students must be enrolled in a minimum 12 credit hours in each fall and winter semester, have achieved a minimum cumulative GPA of 2.0 at the beginning of the fall semester, and receive approval from the Camp Director. Financial need must be demonstrated. Preference is given to students who have served 2 summers at camp.

**Service Pledge**

By signing below, you are indicating your intention to serve next summer at SABC. I understand that this is a condition of the award.

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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## SABC Section

*To be completed by the Director*

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_\_ Amount of Support: \_\_\_\_\_

### By signing below, I am confirming:

- I understand that Ambrose University will match **up to \$1,000** of SABC's contribution. This eligibility is based on Ambrose's financial need assessment.
- The SABC portion of the award was not funded from anyone related to the student.
- I recommend this student as a recipient of the SABC matching grant and look forward to having him/her return as a member of our team.

### Payment Details:

- Funds must be **made payable to Ambrose University**. Any funds sent directly to the student will not be matched.
- Please write student name and Ambrose ID # on the memo line of the cheque. Personal cheques will not be accepted.

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

### Return this form to:

Ambrose University  
Financial Aid Office  
150 Ambrose Circle SW  
Calgary, AB  
T3H 0L5

### Ambrose Office Use Only

Form received on: \_\_\_\_\_ Ambrose matching portion: \_\_\_\_\_  
Approved by: \_\_\_\_\_ Cheque sent to Finance: \_\_\_\_\_

Notes: \_\_\_\_\_