

Student Aid Fund For Nonregistrants – SAFNR

Application Form

Name of student:

Date of application:

Current address:

Current phone:

Current e-mail:

Permanent (family) address:

1. Have you shared your decision not to register with your home congregation? ___Yes ___No

2. Do you give SAFNR permission to contact your congregation about your financial need? ___Yes ___No

If not, please list the reasons why you do not wish to have your congregation contacted.

3. Will your congregation contribute toward your support? ___Yes ___No

If yes, please list amount congregation will contribute. Grant \$_____. Loan \$_____.

4. Which college will you attend in the coming academic year?

5. Which year? ___ 1st year; ___ 2nd year; ___ 3rd year; ___ 4

th year; ___ Graduate school

6. Are you pursuing other possibilities for meeting your financial need?

If so, please indicate source.

7. Congregational information

Name of home congregation: _____

Congregation city and state: _____

Name of Pastor: _____

Signature of Pastor. I verify that this person is a member of /attends (please circle) our congregation and refuses to register for the draft because of religious beliefs.

Pastor's signature _____ Date _____

(continued)

8. FIRST TIME APPLICANTS ONLY Please explain the convictions and circumstances that led you to choose not to register with Selective Service. (Use additional sheet if needed.)

8. Family information. A parent (or other close relative if parents are not living) is required to cosign any loans

from SAFNR.

Name of parent or other relative: _____

Address (street, city, state, zip): _____

Signature of parent or relative. I verify that I am willing to cosign a SAFNR loan for this student.

Parent or relative's signature _____

Date _____

Relationship to student _____

9. Fundraising. Each year we send a letter to people and congregations who have contributed in the past to the

SAFNR fund and it is helpful to include a quote from one or more students in the program.

?? May we quote your words on this application and use your name in a fundraising letter? ____ Yes
____ No

?? If you do not want us to use your name, can we use your words without your name using a phrase such as

"a SAFNR recipient?" ____ Yes ____ No

10. Suggested contributors. List names and addresses of people we may contact to ask for SAFNR contributions.

11. Additional comments or questions

Student's signature _____ Date

Please return completed form by September 1 to: Mennonite Church USA

Student Aid Fund for Non-Registrants (SAFNR)

P O Box 1245

Elkhart IN 46515-1245

If you have questions, contact the Mennonite Church USA Executive Leadership office at phone 574-523-3041