

Education Partners In Covenant (EPIC) Contribution Form

Name of Congregati	on:			_
Mailing Address:				-
				_
Phone:	()	Fax:		_
Contact Person:		Email:		_
This form is to be co	mpleted annually, c	or whenever a church is supp	porting its students attending	g Luther.
semesters. Although September 1 for fall standing. Funds do to Luther College in receive the Match.	n we accept funds an semester, and Janu not need to be inclu order for the stude	t any time prior to the end o uary 1 for spring semester w uded with this form, but mu int(s) to receive the EPIC Ma	vided equally between the f of the academic year, payment of it maintain the student's access of come directly from the ch tch. Students must be enrolled for:	nt received by count in good nurch Payable ed full-time to
Names of Student	· /a\		Amount for Full Ye	
Names of Student	(5)		\$	aı
			\$	
			\$	
			\$	
			\$	
match every dollar of semesters. EPIC is norder to receive per	of your congregation ot intended as a m sonal tax benefit. T	n's EPIC award up to \$1000 eans of diverting family tuit his is a violation of tax law t	e congregation. Luther Collegoer year for a maximum of extinction payments through congrates that can jeopardize non-profatching EPIC funds if the prog	ight eligible regations in it status for
I acknowledge by m	y signature that I ha	ive read, understand, and ag	ree to the above terms and o	conditions.
Church Representative S	ignature	Date		

SC24EPIC

<u>Luther College Financial Aid Office: PH: 563.387.1018 PH: 800.458.8437 finaid.luther.edu</u>