

MEF Academic Claim Form
South Georgia Conference Ministerial Education Fund
PLEASE MAKE COPIES OF THIS FORM FOR FUTURE USE

Student _____ Phone _____ email address _____

Address (Street #, City, State, Zip) _____

Student's Classification (year in school) _____

Course #1 _____ Grade _____ Semester Hours _____

Course #2 _____ Grade _____ Semester Hours _____

Course #3 _____ Grade _____ Semester Hours _____

Course #4 _____ Grade _____ Semester Hours _____

Course #5 _____ Grade _____ Semester Hours _____

Course #6 _____ Grade _____ Semester Hours _____

Indicate which Semester and Year: Fall (20____) Winter (20____) Spring (20____) Summer (20____)

College or Seminary _____

Signature of School Registrar _____

DO NOT WRITE BELOW THIS LINE.

Number of hours _____ X financial aid rate per hour _____ = amount of disbursement _____

Date Authorized _____ Signature of Ministerial Education Fund Chairperson _____

At the end of each semester, please ask the registrar to complete and mail to:

Rev. Dr. Jay Harris
Ministerial Education Fund
3040 Riverside Drive, Suite A-2
Macon, GA 31210