

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; ___ 4th 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 or e-mail kathrynr@mennoniteusa.org.