## LUTHER COLLEGE

## EDUCATION PARTNERS IN COVENANT (EPIC) CONTRIBUTION FORM

Name of Congregat	ion:		
Mailing Address:			
Phone:	()	Fax	
Contact Person:		email	

This form is to be completed annually, or whenever a church is supporting its students attending Luther.

Both the yearly congregational award and the Luther match are divided equally between the fall and spring semesters. Although we accept funds at any time prior to the end of the academic year, payment received by September 1 for fall semester, and January 1 for spring semester will maintain the student's account in good standing. Funds do not need to be included with this form, but must come directly from the church to Luther in order for the student(s) to receive the EPIC Match. Students must be enrolled full-time to receive the Match.

Please tell us the academic year this financial support is designated for:	
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Names of Student(s):		Amount for full year:
	_	\$
	_	\$
	_	\$
	_	\$
		\$

EPIC is a partnership between Luther College and the student's home congregation. Luther College agrees to match every dollar of your congregation's EPIC award up to \$1000 per year for a maximum of eight eligible semesters. EPIC is not intended as a means of diverting family tuition payments through congregations in order to receive personal tax benefit. This is a violation of tax law that can jeopardize non-profit status for both Luther and the church. Luther reserves the right to refuse matching EPIC funds if the program is used improperly.

I acknowledge by my signature that I have read, understand, and agree to the above terms and conditions.

Representative Signature

Date

Return Contribution Form to: Luther College Financial Aid 700 College Drive Decorah, IA 52101 Or Fax to: (563) 387-2241 Phone: (800) 458-8437, Ext. 1018, with questions.

SC19EPIC

Financial Aid Office 563.387.1018 P 800.458.8437 P 563.387.2241 F finaid@luther.edu

Luther College 700 College Drive Decorah, Iowa 52101-1045 www.luther.edu