Church Matching Scholarship Student Request Form

<u>Do NOT send this form to Indiana Wesleyan University</u>
This form is from student to <u>local church</u> scholarship committee only.
(This is a suggested form of application. Contact your local church for their application requirements.)

To the _____ Scholarship Fund.
(Church Name)

I , _____ , am applying for an Indiana Wesleyan
(Student Name)
University Church Matching Scholarship for the academic year _____.
(School Year)

The following terms and conditions will apply:

1. I will be a student at Indiana Wesleyan University during the semester (s) for which I am applying, or I was a recipient of the scholarship last year and will be enrolled a minimum of 6 credit hours or more.

2. An interview with my Church Scholarship Committee may be necessary.

3. The amount of this scholarship will be determined by the local church.

4. Neither my parents nor I may contribute directly to any funds, which will be used for student scholarships, while I am a recipient.

5. I must reapply to my Church Scholarship Committee each year in order to be considered for the next academic year.

I accept the above conditions for this scholarship.

Signature of applicant _____ Date _____

We, the undersigned parents, subscribe to this agreement.

Signature of parent _____ Date _____

Instructions: **The student does not send this form to IWU. The student completes this form and submits it to his or her home church scholarship committee or youth pastor for consideration. The church must complete and mail to IWU the Church Award Form before June 30* for the student to be eligible for the IWU's Church Matching Gift award. Contact 765-677-2113 for Church Award Form or questions.**

*** June 30 is our preferred date for timely processing. However, we will accept and match awards received from the church prior to the first day of fall classes annually.**

INDIANA WESLEYAN UNIVERSITY

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