

**John Wesley Scholarship Application
Indiana Wesleyan University**

Student Information

Name _____ Phone # _____

Street Address _____

City _____ State _____ Zip _____

Intended Major(s) _____

Church Information

Name _____ District _____

Street Address _____

City _____ State _____ Phone # _____

Pastor _____ Youth Pastor _____

Church Participation

Please describe your participation in the ministry of the local church named above:

What is your involvement in district events and ministries?

How has your local Wesleyan Church impacted your life?

Indiana Wesleyan University

Why do you want to attend Indiana Wesleyan University?

Please describe your commitment to Christian higher education:

How will your education at IWU help to prepare you to serve the Church?

How would this award make it possible for you to attend IWU?

Please have the enclosed recommendation form completed and mailed to the Admissions Office by the pastor or youth pastor named above. **The application and the recommendation should be submitted to the Admissions Office no later than February 20th in order to be considered for the John Wesley Scholarship.** Submission of a scholarship application or recommendation does not entitle the applicant to a scholarship.

Applicant Signature _____ *Date* _____

Please Submit Scholarship Application to:
Indiana Wesleyan University
Admissions Office
4201 S Washington Street
Marion, IN 46953