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**Church Matching Scholarship Award Form**

This form along with the funds **must** be submitted **prior** to the semester deadline to be considered for the matching funds from IWU. **Deadlines are subject to change** please consult indwes.edu/churchmatching

**For faster processing, submit form and payment at indwes.edu/churchmatching**

**Church Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ID#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Church Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State** \_\_\_\_\_\_\_\_\_\_\_ **Zip** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Church Phone**: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Website**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Church Email**:\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scholarship Contact Person**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scholarship Contact Person Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Senior Pastor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Signature required by Pastor, Treasurer or Financial Rep)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name (First, MI, Last)** | **Student ID #** | **Semester 1** | **Semester 2** |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  | **Semester Totals** |  |  |

**Extension Request**

**Funds are due with this form.**If you are unable to send the funds by the filing deadline, please complete

this extension request. All extension payments are due within 90-days of the original due-date for the semester.

***90-day Extension Requested \_\_\_\_\_ Fall Semester \_\_\_\_\_ Spring Semester***

***Your student(s) may be responsible for their entire bill until payment is received.***

To ensure proper credit, all applications and payment should be sent to the address or email below:

**Advancement - Church Matching Scholarship Phone:** 765-677-4971

Indiana Wesleyan University **Email:** churchrel@indwes.edu

4201 S. Washington St.

Marion, IN 46953-4974