



Church Matching Scholarship Application Form

Student Name (First, MI, Last)	Student ID #	Fall Semester	Spring Semester
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Academic Year: _____		Semester Totals	Semester Totals

Funds are due with the application. A church may request an extension to submit funds by submitting an *Extension Request* form. The extension form must be submitted by the filing deadline. Submission of applications and funds (or extension forms) **prior** to the application deadline is required to be considered for IWU matching funds.

Application Deadlines Are Subject to Change

Please consult www.indwes.edu/churchmatching annually for the current deadlines.

Church: _____ ID# _____

Church Address: _____

City _____ State _____ Zip _____

Church Phone: () _____ Website: _____

Church Email: _____

Senior Pastor: _____ Email: _____

Youth Pastor: _____ Email: _____

Scholarship Contact Person: _____ Phone: () _____

Scholarship Contact Person Email: _____

Signature: _____
(Signature required by Pastor, Treasurer or Financial Rep)

For faster processing, submit application and payment at
www.indwes.edu/churchmatching

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

Advancement - Church Matching Scholarship
Indiana Wesleyan University
4201 S. Washington St.
Marion, IN 46953-4974

Phone: 765-677-4971
Email: churchrel@indwes.edu