



ANNUAL STUDENT AWARD FORM

Student Name _____
(Last) (First) (Middle) Today's Date

Social Security Number _____ - _____ - _____ **or Student ID#** _____

Total Award for the 201____ - 201____ Year = \$ _____ (enter church award amount only - DO NOT include AU match)

If student will attend only one semester, please check here: _____ **Semester I only** _____ **Semester II only**

Note: The total award will be evenly divided between first and second semester unless indicated differently above. Anderson University will match a maximum of \$750 per semester.

Church Name _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

Church Phone _____ **Pastor** _____

Church Fax _____ **Contact Email** _____

(name of church) certifies, by the signature of its representative below,

that it has received, read, and complied with the guidelines and policies of the **Anderson University Matching Church Scholarship Program** and that all funds submitted herewith have been received from disinterested parties as defined by the IRS regulations and are qualified to be distributed to the designated students.

Scholarship Committee Chairperson:

(Print)

(Signature)

Daytime Phone Number () _____

Email address _____

Students must be full-time (12 hours or more) undergraduates and maintain satisfactory academic progress. (AU matching funds are not available for Adult Education students, School of Theology students, or other graduate students).

Mail to: Matching Church Scholarship Program, Anderson University, 1100 E. 5th Street, Anderson, IN 46012 or Fax to: Matching Church Scholarship Program at (765) 641-3049
Scan to: jlsteiner@anderson.edu

Office Use Only		Date:	
MCS #	Rcvd \$	Sem 1 \$	Sem 2 \$
Item #'s		Organization ID #	