



## MATCHING CHURCH SCHOLARSHIP PROGRAM ENROLLMENT FORM

Yes, we would like to be counted among the growing number of churches desiring to support students with a matching church scholarship.

Name of Church \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Church Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Church Email Address \_\_\_\_\_

Name of Pastor (please print) \_\_\_\_\_

Signature of Approval by Pastor \_\_\_\_\_

Please do one of the following:

Mail form to Matching Church Scholarship Program, Advancement Services  
Anderson University, 1100 E. Fifth St, Anderson, IN 46012

**Scan completed PDF to: Amy Reed - [amreed@anderson.edu](mailto:amreed@anderson.edu)**