



ANNUAL STUDENT SCHOLARSHIP FORM

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

AU Student ID # _____

Total Amount for the 20____ - 20____ Year = \$_____ (enter church 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 amount will be evenly divided between first and second semester unless indicated differently above. Anderson University will match a maximum of \$750 per semester.

Check here if the church would like a certificate that can be presented to the student

Church Name _____

Address _____ City _____ State _____ Zip Code _____

Church Phone _____ Pastor _____

Church Fax _____ Contact Email _____

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

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 I \$	Sem 2 \$
Item #'s		Organization ID #	