

STUDENT AWARD FORM

(Due by March 1)

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

Social Security Number _____ - _____ - _____ (required for award to be processed!!)

Total Award for the 20____-20____ 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** _____

_____ 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 are qualified to be distributed to the designated students.

Scholarship Committee Chairperson:

(Print) (Signature)

Daytime Phone Number () _____ Evening Phone Number () _____

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

Complete one form per student every year by March 1 and
Mail to: Matching Scholarship Program, Anderson University, 1100 E. 5th Street, Anderson, IN 46012 or
Fax to: Matching Scholarship Program at (765) 641-3019