



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, Office of Advancement Services,
Anderson University, 1100 E. Fifth Street, Anderson, IN 46012,
OR Fax to (765) 641-3049 OR scan to jlsteiner@anderson.edu