

HYLES-ANDERSON

C O L L E G E

8400 Burr Street Crown Point, IN 46307
219-365-4031

Christian Worker's Scholarship Application

This scholarship program is designated to help the children of parents who are in full-time Christian service to attend college. This is a one-time \$1000 scholarship given to new and transfer students who qualify.

Criteria: Head of household must be employed full-time in Christian service.

Please complete this form in its entirety. (Please Print)

Name _____ Phone _____

Email _____ Cell Phone _____

Pastor's Name _____

Church Name _____

Address of Church _____

Church Phone _____

Church Website _____

Place of Employment _____

Phone _____

Full-Time Christian Service Position _____

UNSIGNED AND INCOMPLETE FORMS WILL NOT BE PROCESSED.

Please sign and return this completed form to the Admissions Office.

Failure to do this will delay your financial aid process.

I certify that the information provided on this Christian Workers Scholarship application is true and correct as of the date set forth opposite my signature on the form and acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information contained on the form may result in my application being removed from consideration for financial assistance.

APPLICANT'S SIGNATURE

DATE

| | |
|--|---------------------------------|
| Office Use only | |
| Verification: Website <input type="checkbox"/> | Church <input type="checkbox"/> |
| Date _____ | Approved _____ |