

## Church Matching Scholarship Application

Hyles-Anderson College will match a church scholarship dollar for dollar up to a maximum match of \$500 for new and transfer students.

STUDENT NAME: \_\_\_\_\_

This form is used to verify student eligibility for the Church Matching Scholarship. The awarding of the scholarship is based on availability of funds, and the guidelines listed on page 2 of this form. **Both the student and the church are responsible for reading and following the scholarship guidelines. Funds are limited.**

### INDICATE SEMESTER

For which semester are you applying for this scholarship?

- Fall semester 20\_\_\_\_
- Spring semester 20\_\_\_\_

### STUDENT INFORMATION

- Undergraduate
- Transfer student
- Are you an international student on an F-1 Visa?      Yes       No

*I have read the guidelines on page 2 of this form.*

### TO BE COMPLETED BY A CHURCH OFFICIAL:

Church Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Church Official \_\_\_\_\_ Title \_\_\_\_\_

*(May not be a relative of the student)*

Church Official's Email \_\_\_\_\_

- The attached check is made payable to Hyles-Anderson College. Check Number \_\_\_\_\_
- I understand that only one check per student will be matched.
- The attached check is not from an individual or for wages earned by the student.
- I have read the scholarship guidelines on page two of this form.

\_\_\_\_\_  
*Signature of Church Official Listed Above*

\_\_\_\_\_  
*Date*

### **UNSIGNED AND INCOMPLETE FORMS WILL BE 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 church matching scholarship application form 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 the church matching scholarship.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

# **Church Matching Scholarship Guidelines**

## **Application Process**

- **DEADLINE: By the first Friday in August for all students who attend in the fall semester. Students who attend in the fall semester are not eligible to apply for the scholarship in the spring semester.**
- Students who do not attend in the fall but attend only in the spring semester may apply for the scholarship—the spring deadline for such students is by the second Friday in December.
- Completed applications and check are due by the scholarship deadline. The church funds must come from a clearly identifiable church checking account.
- Additional documentation may be requested in order to verify financial aid eligibility.

## **Scholarship Terms**

- Hyles-Anderson will match donations up to a maximum match of \$500 for new and transfer students
- The college matching funds will be divided into the 4 billing installments for the semester.
- The scholarship may only be applied towards on-campus tuition, room and board.
- Applications are considered in the order that they are received, as long as funds are available.
- Full-time enrollment and dormitory residency are required for the match.

## **Program Eligibility**

- Students can receive one Church Matching Scholarship during their first semester at Hyles-Anderson College. No matches will be awarded subsequent to that time.
- Each student must be enrolled in a minimum of 12 credits.

## **Church Donation Eligibility**

- The funds must come directly from the church, from funds over which the church has full discretion.
- The funds sent by the church cannot be directly provided by family members of the student.
- Only one church check per student will be matched. Subsequent checks will be applied to the student's account without a match.
- For the purposes of this scholarship, a "church" is understood as a congregation holding weekly services/meetings. Donations from other non-profit organizations will not be matched.
- The church will be notified if a student is ineligible for the match and will have the option to rescind their donation.

**Mail completed form to:** Hyles-Anderson College  
Attention: Admissions Office  
8400 Burr Street  
Crown Point, IN 46307

**Make checks payable to Hyles-Anderson College. Remember the following:**

- **The church check must be mailed with this completed form.**
- **Include the student's name on the check.**
- **Keep a photocopy of this for your records.**

**Extensions or exceptions to these guidelines will not be granted. Please contact the Admissions Office with additional information.**