

CHRISTIAN WORKER'S CHILD SCHOLARSHIP APPLICATION

HYLES-ANDERSON COLLEGE

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 \$1,000 scholarship.

Criteria:

- Head of household must be employed full-time in Christian service.
- Applicant must be a new or transfer student.
- Scholarship will be divided equally between fall and spring semesters.

Please complete this form in its entirety and print clearly.

Student Information

<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	Name	First	Middle	Last
Cell Phone		Home Phone			
Email Address					
Name of Head of Household			Full-Time Ministry Position		
Place of Employment			Phone		

Church Information

Church Name			Pastor's Name		
Email Address			Website		
Address			Suite #		
City	State	Zip	Country	<input type="checkbox"/> United States	<input type="checkbox"/> Other

UNSIGNED OR INCOMPLETE FORMS WILL NOT BE PROCESSED.

Please sign below and return this completed form to the Office of Admissions. Failure to submit this information may delay your scholarship approval.

I certify that the information provided on this form is true and correct as of the date set forth opposite my signature on the form, and I 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 scholarship approval.

Signature of Applicant

Date

PLEASE SUBMIT FORMS TO THE OFFICE OF ADMISSIONS

8400 Burr Street | Crown Point, IN 46307
219.558.2458 - Admissions Department | 219.365.4031 - Main Switchboard
admissions@hylesanderson.edu

f @ @hylesanderson

Have questions? Call, email, or visit us online at hylesanderson.edu.

OFFICE USE ONLY

Verification: Website Church

Date _____

Approved _____