

# CHURCH-MATCHING SCHOLARSHIP INFORMATION

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**HYLES-ANDERSON**  
C O L L E G E

## **SCHOLARSHIP TERMS:**

- Hyles-Anderson College will match a donation up to \$500 for new and transfer students.
- The college-matching funds will be divided between the four billing installments for the semester.
- This scholarship can be combined with any scholarship up to the total amount of tuition.
- The deadline to submit the Church-Matching Scholarship application is:
  - The first Friday in August for students enrolling the following fall semester.
  - The second Friday in December for students enrolling the following spring semester.
- A student who enrolls in the fall semester may not apply for the scholarship in the spring semester.
- Applications are considered in the order that they are received (funds limited).

## **STUDENT ELIGIBILITY:**

- A student may receive one Church-Matching Scholarship during his enrollment at Hyles-Anderson College.
- A student must be enrolled with 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 purpose 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 its donation.

Mail completed form to:

Hyles-Anderson College  
Attention: Office of Admissions  
8400 Burr Street  
Crown Point, IN 46307

Please make checks payable to Hyles-Anderson College, and 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.

**Exceptions/extensions to these guidelines will not be granted. Please contact the Office of Admissions with any further questions.**

## **OFFICE OF ADMISSIONS | HYLES-ANDERSON COLLEGE**

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

   @hylesanderson

Have questions? Call, email, or visit us online at [hylesanderson.edu](http://hylesanderson.edu).

# CHURCH-MATCHING SCHOLARSHIP APPLICATION

# HYLES-ANDERSON COLLEGE

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 the previous page. **Both the student and church are responsible to read and follow the scholarship guidelines.**

**Please complete this form in its entirety and print clearly.**

## Student Information

<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	Name	First	Middle	Last
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Transfer	<input type="checkbox"/> International student on an F-1 Visa (If so, please read the guidelines on the previous page.)			
First semester enrolled at HAC		<input type="checkbox"/> Fall 20____	<input type="checkbox"/> Spring 20____		

## 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
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## Church Information

Church Name	Phone
Church Official's Name (Not a relative of the student)	Ministry Position
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 listed on the previous page.

Signature of Church Official Listed Above	Date
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## PLEASE SUBMIT FORMS TO THE OFFICE OF ADMISSIONS

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