

# PASTOR'S CHILD SCHOLARSHIP APPLICATION

# HYLES-ANDERSON COLLEGE

This scholarship program is designated to help the children of senior pastors in or outside the United States to attend Hyles-Anderson College. This scholarship covers 50% of normal tuition costs for up to 18 credits of resident college classes. Class fees, registration fees, and room and board would be the responsibility of each student. This scholarship may not be combined with any other scholarship except the Church-Matching Scholarship.

## Criteria:

- Applicant must be the child of a current senior pastor or the child of an associated Spanish ministry pastor **who is employed full-time** by a Bible-believing church of like faith. (Please note: **Spanish ministry pastors must have held this position for a minimum of one year and must be approved by their senior pastor to qualify.**)
- Applicant must hold a GPA of 2.0 in order to qualify for the scholarship each subsequent semester to the initial semester enrolled. The applicant could regain the scholarship by meeting GPA minimum the next semester.
- The maximum number of semesters this scholarship can be applied is eight.
- Applicant must be living in the residence halls for each semester the scholarship is awarded.

**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				Father's Name	

## Church Information

Church Name				Phone	
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  
888.374.9537 ph | 219.365.2029 fax | admissions@hylesanderson.edu

   @hylesanderson

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

### OFFICE USE ONLY

Verification: Website  Church

Date \_\_\_\_\_

Approved \_\_\_\_\_