

Church Match Scholarship

Please complete and return this form to: Student Financial Services, ACU Box 29007, Abilene, Texas 79699-9007. Forms may also be faxed to 325-674-2963 or emailed to wildcatcentral@acu.edu.

Church name			
Mailing address			
City	State	ZIP	
Phone			_
We, the undersigned, acting by the authorit Church Match Scholarship for the following	•	ned church, request the A Scholarship Amount	bilene Christian University
Full Name	ACU ID#	from Church *	School Year
* Maximum amount eligible for matching so We have attached a check for the total indicor more for undergraduate students and 9 l We certify that our portion of the scholarsh with gifts that meet each of the following In	cholarship is \$500 p cated. We underst nours or more for p ip was funded fror	per student per academic and that the student must graduate students). In the general operating bu	year (August through May). t be a full-time student (12 hours udget of the church or was funded
 The gift is not for services rendere 	d;		
The gift is not from family membeThe gift is not designated for a par		students;	
Signature	Title/Position		Date
Signature	Title/Position		Date

Signatures of two church officials who are not related to the recipients are required. Appropriate signatures include: elder, minister, deacon, chairman, scholarship committee chairman, finance committee chairman, church business administrator, etc.