



# Church Match Scholarship Award

**Please submit with check between June 1- Sept. 1 for fall semester  
and Dec. 1- Feb. 1 for spring semester.**

Church name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

We, the undersigned, acting by the authority of the above named church, request the Abilene Christian University Church Match Scholarship for the following students:

Full Name	Date of Birth	Scholarship Amount From Church*	School Year

Total amount of attached check \$ \_\_\_\_\_

\* Maximum amount eligible for matching scholarship is \$500 per student per academic year (August through May).

We have attached a check for the total indicated. We understand that the student must be a full-time student (12 hours or more for undergraduate students and 9 hours or more for graduate students).

We certify that our portion of the scholarship was funded from the general operating budget of the church or was funded with gifts that meet each of the following Internal Revenue Service criteria for tax deductible contributions:

- the gift is not for services rendered;
- the gift is not from family members of the selected students;
- the gift is not designated for a particular student.

\_\_\_\_\_  
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.*