

THIS PAGE MUST BE COMPLETED BY THE PASTOR

CHURCH INFORMATION:

Church Name _____

Address _____

City _____

State _____

Zip _____

(_____) _____

Area Code

Telephone Number

FAX Number

Pastor's Name _____

Pastor's Signature (**Verifying the origin of the contribution is from the church**) _____

Amount of scholarship for the year: \$ _____

If the student is not eligible for the matching scholarship, please indicate how the funds should be handled:

_____ Credited to the student's account as unmatched award from the church

_____ Returned to the church

If the student's account is paid in full, can the funds be refunded to the student for books or personal expenses?

_____ Yes

_____ NO

Date: _____

Please mail renewal application and check to:

**Evangel University
Student Financial Services Office
ATTN: Sarah Friesen
1111 N. Glenstone Avenue
Springfield, MO 65802**

(417) 865-2811 Ext. 7516

FAX (417) 575-5478