



Church Leadership Matching Scholarship Application

The student must have been involved in a leadership capacity in church, school, or community. The church may contribute any amount; Evangel will match up to \$500 for the academic year (\$250 per semester).

STUDENT INFORMATION

Last Name	First Name	MI	Student ID#	
Home Address		City	State	Zip
()				
Area Code	Telephone Number			

ELIGIBILITY CRITERIA

- Consecutive full-time enrollment
- Continued church contribution
- Cumulative GPA of 2.0 or higher

SPONSORING CHURCH

Participation in the Matching Church Leadership Scholarship program by a sponsoring church involves accepting responsibility to make contributions in accordance with Internal Revenue Service guidelines. **Specifically, this means that contributions from this scholarship program must be from the church and cannot represent designated gifts from an individual for a particular student.** Failure to adhere to these guidelines could jeopardize the scholarship program.

Evangel University agrees to 1:1 match for church contributions up to \$250 per semester for a student who meets the criteria for the scholarship. Church contributions should be made payable to Evangel University and may be sent with the application. Matching funds cannot be credited to the student's account until the church funds are received and the church administrator has verified the origin of the contribution.



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THIS PAGE MUST BE COMPLETED BY THE CHURCH

CHURCH INFORMATION

Church Name _____

Address _____

City _____

State _____

Zip _____

(_____) _____

Area Code

Telephone Number

FAX Number

Administrator's Name _____

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

Please provide a summary of the student's leadership role in the church, school, or community.

Amount church is offering for the **fall semester**: \$ _____

Amount church is offering for the **spring semester**: \$ _____

**Evangel will match up to \$250 per semester for eligible students*

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

Date: _____

Please mail application and check to:

**Evangel University
Office of Financial Aid
1111 N. Glenstone Ave.
Springfield, MO 65802**

Office (417) 865-2815 Ext. 7300

FAX (417) 575-5478