



Church Matching Scholarship Award Form

This form along with the funds **must** be submitted **prior** to the semester deadline to be considered for the matching funds from IWU. **Deadlines are subject to change** please consult indwes.edu/churchmatching

For faster processing, submit form and payment at indwes.edu/churchmatching

Church Name: _____ ID# _____

Church Address: _____

City _____ State _____ Zip _____

Church Phone: () _____ Website: _____

Church Email: _____

Scholarship Contact Person: _____ Phone: () _____

Scholarship Contact Person Email: _____

Senior Pastor: _____ Email: _____

Signature: _____

(Signature required by Pastor, Treasurer or Financial Rep)

Student Name (First, MI, Last)	Student ID #	Semester 1	Semester 2
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Semester Totals			

Extension Request

Funds are due with this form. If you are unable to send the funds by the filing deadline, please complete this extension request. All extension payments are due within 90-days of the original due-date for the semester.

90-day Extension Requested _____ **Fall Semester** _____ **Spring Semester**

Your student(s) may be responsible for their entire bill until payment is received.

To ensure proper credit, all applications and payment should be sent to the address or email below:

Advancement - Church Matching Scholarship
Indiana Wesleyan University
4201 S. Washington St.

Phone: 765-677-4971
Email: churchrel@indwes.edu

Marion, IN 46953-4974