

Application for Church Match Scholarship

This is a PDF Fillable form. Please fill out this form completely and return it to the Enrollment Services Office before the term (semester) in which you are applying. Please print or complete on-line..

the term (semester) in which you are applying				
	Church Info	rmation		
	Name of Ch	nurch		
Mailing Address	City/ZIP		Local Pho	ne Number
	Student Info	ormation		
We, the undersigned, acting by the auth Scholarship for the following student(s):	ority of the above named	church, request the	Hardin-Simmon	s University Church Match
(Please indicate below the 0	CHURCH contribution fo	or EACH semester	, e.g., Fall \$200	0, Spring \$200)
Student(s) FULL Name	HSU Student ID F	ALL SPRI ed Amount Awarded	NG	TOTAL Amount/Year
2. The gift is not f 3. The gift is not of The HSU Church Match Scholarship is tuition summer terms), with a maximum of \$1,000	For services rendered. From family members. Idesignated to a specific stud On-specific, available for fall O per semester, and from de	lent or students by the and spring semesters esignated Christian ch	he original donor s only (not award	r(s).
	vindicating Baptist or N t Church aptist Church	on-Baptist:		
Signature & Title or Position			Date	
1				

Signatures of two (2) church officials that are not related to the recipients are required. Appropriate signatures include Pastor, Deacon Chairman, Scholarship Committee Chairman, Finance Committee Chairman, Church Business Administrator.

Date

Please return completed Application to:

Signature & Title or Position

Office of Enrollment Management Services

Attn: Scholarship Coordinator HSU Box 16050 – Abilene, TX 79698 877-GOHSUTX — (325) 670-1217 FAX: (325) 670-5822

financialaid@hsutx.edu