



First Church of God

Scholarship Application Form

- College scholarship recipients are expected to renew their scholarship each year
- This Application Form is due by **February 15**.
- Applicants must maintain a 2.0 GPA
- See printed scholarship brochure for further information or myfirstchurch.com

Name _____

Phone _____ Email _____

Home Address _____

City _____ State _____ Zip Code _____

College or University _____

Intended Graduation Date _____

Social Security number _____

[Needed by the college/university]

Answer the following questions in the space provided. Please be clear and concise with your responses.

Why you want to go to college?

Please return this completed application to
First Church of God by February 15, 2009.

Why this school?

What excites you the most about college life?

What scares you the most about college?

How can your church support you while you are away at college?

What are your plans for the future?

**Please return this completed application to
First Church of God by February 15, 2009.**

STUDENT AWARD FORM

(Due by March 1)

Student Name _____
(Last) (First) (Middle) Today's Date

Social Security Number _____ - _____ - _____ (required for award to be processed!!)

Total Award for the 20____-20____ Year = \$_____ (enter church award amount only - DO NOT include AU match)

If student will attend **only** one semester, please check here: _____ Semester I only _____ Semester II only

Note: The total award will be evenly divided between first and second semester unless indicated differently above. Anderson University will match a maximum of \$750 per semester.

Church Name _____

Address _____ City _____ State _____ Zip Code _____

Church Phone _____ Pastor _____

_____ certifies, by the signature of its representative below,
(name of church)

that it has received, read, and complied with the guidelines and policies of the Anderson University Matching Church Scholarship Program and that all funds submitted herewith are qualified to be distributed to the designated students.

Scholarship Committee Chairperson:

(Print) (Signature)

Daytime Phone Number () _____ Evening Phone Number () _____

Students must be full-time (12 hours) and maintain satisfactory academic progress. (AU matching funds are not available for Adult Education students, School of Theology students, or other graduate students.)

Complete one form per student **every year by March 1 and**
Mail to: Matching Scholarship Program, Anderson University, 1100 E. 5th Street, Anderson, IN 46012 or
Fax to: Matching Scholarship Program at (765) 641-3019