



# First Church of God Scholarship Renewal Form

(For Current Scholarship Recipients)

- College scholarship recipients are expected to renew their scholarship each year
- This Renewal Form is due by **February 15**.
- Applicants must maintain a 2.0 GPA
- See printed scholarship brochure for further information or [myfirstchurch.com/matchingscholarship](http://myfirstchurch.com/matchingscholarship)

Name \_\_\_\_\_

College Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

College or University \_\_\_\_\_

Intended Graduation Date \_\_\_\_\_

Major & minor \_\_\_\_\_

Social Security number \_\_\_\_\_

[Needed by the college/university]

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

Describe your college experience to this point?

What is the best thing about college? What is the worst?

What is the best thing to eat in the cafeteria? Worst?

How are you doing academically? What is your current GPA?

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. 5<sup>th</sup> Street, Anderson, IN 46012 or  
Fax to: Matching Scholarship Program at (765) 641-3019**