

# MVNU Nazarene Challenge Grant

## Annual Student Eligibility Form

Academic Year: \_\_\_\_\_

Name of Church/Congregation: \_\_\_\_\_

Signature of Church Scholarship Program Chairperson: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please list the name of each student and his/her anticipated award for the academic year. It is understood that the amount(s) may change. Contributions should be sent in two equal payments on August 15<sup>th</sup> and December 15<sup>th</sup>. Awards will appear as "estimated" on a student's award until the funds are received. It is important to indicate on the check *Nazarene Challenge Grant Program* and (if possible) include a copy of your "Annual Student Eligibility Form" with any update to students or award amounts.

<u>Student Name(s)</u>	<u>New or Returning</u> Circle N or R	<u>Anticipated Award Amount</u>
_____	N or R	_____
_____	N or R	_____
_____	N or R	_____
_____	N or R	_____
_____	N or R	_____
_____	N or R	_____
_____	N or R	_____
_____	N or R	_____
_____	N or R	_____
_____	N or R	_____

**Return to:**  
Becky Rockwell  
MVNU Student Financial Services  
Mount Vernon Nazarene University  
800 Martinsburg Road  
Mount Vernon, OH 43050  
866-686-8243, Option 2  
740-390-8682 Fax  
[rrockwel@mvnu.edu](mailto:rrockwel@mvnu.edu)