

Church Partnership Matching Grant Participation Form

Name of Congregation

makes known its intent to participate in the MVNU Church Partnership Matching Grant program. By signing below, the congregation acknowledges:

1. that your scholarship program has been formally approved by your church and its governing board and meets IRS guidelines;
2. and that the church will annually submit to MVNU a list of students supported by the church and the amount of funds awarded to each student.

Pastor Name: _____

Church Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ FAX: _____ E-mail: _____

Signature of Pastor or Church Official

Date

MVNU Student Financial Services
Mount Vernon Nazarene University
800 Martinsburg Road
Mount Vernon, OH 43050
866-686-8243, Option 2
740-390-8682 Fax
finaid@mvnu.edu