

**MVNU Church Partnership Matching 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 15th and December 15th. Awards will appear as "estimated" on a student's award until the funds are received. It is important to indicate on the check *Church Partnership Matching 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