

## 2025-26 CHURCH MATCHING SCHOLARSHIP APPLICATION

Bushnell University's Church Matching Scholarship was developed to encourage Christian churches/ministries to support students from their organizations who are pursuing Christian higher education. **Both the student and the church are responsible for reading and adhering to the policies of this program.** 

## **POLICIES**

- The recipient must be a traditional undergraduate student enrolled full time (12 credits or more) for each semester that the Church Matching Scholarship is given.
- Bushnell will match any contribution from the church of up to \$500 per semester or \$1,000 for the year. The funds will be split evenly between the Fall and Spring semesters (summer terms are not eligible for matching). A church may contribute more than \$1,000, but any amount in excess of \$1,000 will not be matched.
- Church matching amounts will be added to the Financial Aid Award when Bushnell receives the funds, if the funds are received before the semester's deadline.
- Contributions may be provided by any Christian church, parachurch ministry, or mission organization that the student or their immediate family is involved with.
- Churches are responsible to clearly identify intended recipient(s) of scholarship funding by providing a copy of this form or putting "Student Name- Scholarship" in the memo line of scholarship checks.
- All funds given must be funded directly from the church/ministry and cannot match wages paid to the student or gifts from individuals to specific students.

STUDENT INFORMATION			
Student Name:	SSN:		
Address:			
Street	City	State	Zip Code
Phone/Cell:	Email:		
CHURCH INFORMATION			
Church/Ministry Name:	Denomination:		
Address:			
Street	City	State	Zip Code
Scholarship Amounts from Church/Ministry: Fall: \$	Spring: \$	Total: \$	
Church/Ministry Contact (must not be a relative of the studen	nt):		
Phone:	Email:		
Please make checks payable to Bushnell University and ma 15, 2026 for students starting in the Spring.	ail them to the Financial Ai	d Office by August 15, 20	25 for Fall or January
By signing below, the church and the student acknowledge to church (not the student, parents or relatives), and that the stu- have the student's tuition payment matched or to receive a t	udent, parents or relatives h	nave not contributed to this	
Student Signature:		Date:	
Church Contact Signature:		Date:	