



## CHURCH MATCHING GRANT FORM

Student's Name \_\_\_\_\_ Permanent Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone: \_\_\_\_\_

This form is for an institutional grant that Central Christian College offers to encourage churches to help their youth receive a quality Christian education. Central Christian College will match church funding **1 to 1**. Central's maximum match for a full year is \$500 (\$250 per semester) for a church gift of \$500. Contributions greater than \$500 from the church will still be applied to the student's account. Central Christian College has an award year with two semesters.

Priority for a fall award will be given to those who have submitted this application by **August 1st**. Priority for a spring award will be given to those who have submitted this application by January 1st.

---

### STATEMENT OF PARTICIPATION

The members of \_\_\_\_\_ Church have met in accordance with our church's governing policy and have agreed to support the above-named student in pursuit of a Christian education at Central Christian College. These funds are supplied by the church out of our general operating funds and are not supplied directly by the student's family. The amount of the scholarship from the above-named church will be \_\_\_\_\_ 1st Semester, \_\_\_\_\_ 2nd Semester, and totaling \_\_\_\_\_ for the 20\_\_\_\_ - 20\_\_\_\_ school year.

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Church Clerk's Signature

---

**Return this form to:**      **Central Christian College**  
   **Financial Aid Office**  
   **PO Box 1403**  
   **McPherson, KS 67460**

Please send scholarship checks at your earliest convenience or at the beginning of each semester.