



Nameof Church

MailingAddress City/ZIP LocaPhoneNumber

Student Information

We, the undersigned acting by the authority of the abovenamed church, request the Hardin Simmons University Church Match Scholarshift or the following student(s):

(Pleasendicatebelowthe CHURCL contribution for EACH semester e.g., Fall \$200, Spring \$200)

r scholarshipmeetseachof the following Internal Revenu&ervicæriteria for tax deductible

contributions:

- 1. Thegift is not for services endered.
- 2. Thegift is **not** from family members.
- 3. Thegift is **not** designated a specific studentor students by the original donor(s).

The HSU Churthytatch Scholarship is tuition respecific, available for pating of samulesters K-Eν-) έ Á Œ μŒ]νΡ š Z^μuu Œ š Œu••, with a maximum of \$1 U000 form selessing that each actual act

Indicate your church's affiliation by indicating Baptist or Non rBaptist:

BaptistChurch
Non BaptistChurch

Signature& Title or Position Date

Signature Title or Position Date

Signatures f two (2) churchofficials that are not related to the recipients are required. Appropriate signatures include Pastor Deacon Chairman Scholarship Committee Chairman Finance Committee Chairman Church Busines Administrator.

Pleasereturn completed Application to:

Office of &] v v] o

Attn: Scholarsh@poordinator

HSU Bo% 6050- Abilene, TX 79698

W Z } v3260/ 670 r1 ì ñ ì