

CHURCH Scholarship & COLLEGE Matching Grant AGREEMENT FORM

On behalf of _____
(Name of Church, City & State)

I hereby indicate our intention to participate in the Church/Camp/College Matching Grant Program at Bethel College
for the _____ School year.

Name of Student	Check if new to BC	Fall \$'s	Spring \$'s	Total Year
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____

**I have read the Policies and Procedures. I understand that fall semester's grant money should be received by August 1, and the spring semester's by January 5th. Grant money should be the same amount for both semesters. The church grant check should be made out to Bethel College and sent to the Financial Aid Office at Bethel College
300 E 27th St
North Newton, Ks 67117
(1-800-522-1887 ext 232 or 316 -284-5232 for local calls)**

Your signature

Date

