

CHURCH MATCHING SCHOLARSHIP PROGRAM RECIPIENT ROSTER

As a participant in the Manchester University Church Matching Scholarship Program, it is required that the church provide a Recipient Roster each academic year in which the church wishes to participate in the program.

List below the name of the student(s) and the amount of scholarship support the student(s) will receive from the church. Manchester University will match dollar for dollar, up to a maximum of \$500 per student for the 2024-2025 academic year. The roster must be returned to the University by June 1, 2024 to guarantee the match. Rosters received after this date will be reviewed for matching subject to availability of University funds in the program. *Church funds must be paid/received by July 1, 2024 for all students.* More than one form can be submitted.

Student Name(s)		Church Scholarship A	cholarship Amount	
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	_			
Church Name - Please Type/Print				
Church Official - Type/Print Name	Title			
Church Official - Signature				
Church Address				
Telephone Number	_			
Email Please return Recipient Roster by June 1, 2	- :024 to:	Manchester Univ	ersity	

Student Financial Services 604 E College Ave. North Manchester, IN 46962 Phone: 260-982-5066

Phone: 260-982-5066 Fax: 260-982-5121

Email: sfs@manchester.edu