

ECCLESIA —COLLEGE—

MATCHING CHURCH SCHOLARSHIP PROGRAM ENROLLMENT FORM

Yes, we would like to be counted among the growing number of churches desiring to support students with a matching church scholarship.

Name of Church _____

Mailing Address _____

City _____ State _____ Zip Code _____

Country _____

Church Phone Number _____ Fax Number _____

Church Email Address _____

Name of Pastor (please print) _____

Signature of Approval by Pastor _____

Please do one of the following:

Mail form to:
Matching Church Scholarship Program
Advancement Services
Ecclesia College, 9653 Nations Dr., Springdale, AR 72762

Scan completed PDF to:
development@ecollege.edu