

## **Congregation Matching Funds Program**

Our Congregation will be providing scholarship support to the following student(s) for the 20\_\_-20\_\_ academic year:

Church Support Amount

Student Name(s)

		\$		
		\$		
		\$		
		\$		
We understand that Thiel College w	ill match these funds up	to \$500 per year / 1	per student.	
Name of Congregation				
Address				
City, State, Zip				
Phone	Fax			
For financial aid purposes, it is best and the second on or around Decem please indicate the dates and amount	ber 1. If you will be sen			
Student Name	Expect Che	ck by Date	Amount	
			1 11110 41114	
The spirit and aim of this program is home congregations. It is <i>not</i> intend congregation for the sole support of that funds sent to support the studen	ed to match contribution a family member attend	ns from individual f ling Thiel College.	amilies that flow fund By signing this form	ds through the
Name of Pastor or Contact Person for	or Congregation			
Signature		Date		