



Bluffton University
Church Matching Scholarship Program
_____ Participation Form
academic year

Bluffton University will match dollar for dollar the first \$1,000 provided by any Christian church congregation. Beyond that amount, Bluffton will match \$1 for every \$4 from the congregation, up to full tuition. The congregation must provide a minimum award of \$100 before the university will contribute matching funds. The university will match contributions regardless of financial need. Federal regulations prescribe rules for packaging aid. When church matching funds are submitted after initial aid has been sent to the student, the financial aid office may be required to revise a student's financial aid award.

Name of congregation City State

makes known its intent to participate in Bluffton University's Church Matching Scholarship program. In signing below, the congregation acknowledges:

1. that the scholarship program has been formally approved by the church;
2. that the program meets Internal Revenue Service guidelines for charitable contributions. According to the IRS, gifts qualify for a charitable contribution if they are "made to a qualified organization and not set aside for use by a specific person." Parents who contribute to this program through the church and direct their gift to their child's scholarship will not meet the requirements for a charitable contribution.
3. that the church will submit annually to Bluffton by March 1 a list of students supported by the church and the amount of funds awarded to each student.

Name of pastor

Address of Church

City, State, Zip

Church's phone number FAX E-mail address

Today's date

Academic year _____

Name of congregation

Signature of chairperson for church scholarship program

Print name

Chairperson's phone number

E-mail address

Please list the name of each student and his/her anticipated award for the academic year and return by March 1. It is understood that the amount(s) may change. When actual awards are finalized, the financial aid office should be notified by July 1, and if applicable, an amended form submitted. Please note that if any *unanticipated* funds are received after Feb. 15 of the academic year, the monies will not be matched by the university. We ask that contributions be sent in two equal payments, by Aug. 15 for fall semester, and by Dec. 15 for spring semester.

Name(s) of returning student(s)

Anticipated award

Name(s) of new student(s)

Anticipated award

Please return this form by March 1 to:

Financial Aid
Bluffton University 48
1 University Drive
Bluffton OH 45817-2104

Fax: 419.358.3073

Questions?

Call: 419.358.3266 or 800.488.3257, option 2
E-mail: finaid@bluffton.edu