Name of Congregation of City, State is pleased to announce that Congregational Scholarships worth $___________ will be awarded to each of the following students:

Name (Last, First, Middle)  Concordia I.D.  Hometown

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

It is important to designate the scholarships for either the full year or second semester. Concordia encourages a full-year designation, if possible. Check one:  □ full year  □ second semester

The sponsoring congregation understands:

• That Concordia College will match the scholarship up to $500 for any full-time student.
• **This form must be returned by Aug. 15, 2024.** Notifications postmarked after Aug. 15, 2024, will not be matched by Concordia.
• If deadlines are missed, the congregation may consider awarding the scholarship for the 2025-26 academic year.

Please include a copy of the notification with the scholarship check, and send no later than Nov. 1, 2024, for a full-year scholarship or Jan. 5, 2025, for a spring-only scholarship.

MAIL TO: CONCORDIA COLLEGE
CONGREGATIONAL SCHOLARSHIP PROGRAM
FINANCIAL AID OFFICE
901 8TH ST S
MOORHEAD, MN 56562

It is not acceptable for parents or other relatives to contribute to the Concordia Congregational Matching Scholarship and to designate their relatives as the recipient. This is a violation of tax law that can jeopardize nonprofit status for both Concordia and the church. Concordia reserves the right to refuse matching funds if the program is used improperly. Funds cannot be remitted as money orders. Checks **MUST BE DRAWN on the congregation (or related congregational) checking account.**

Signature of Congregational Representative Administering this Scholarship  ______________________________ ______________________________
  ( _______ )  ( _______ )  Area code  Telephone
Print name  ______________________________  ______________________________
Church name and address  ______________________________  Date

Church email (required)  ______________________________

For more information, call 218.299.3010.