

_____ of _____
Name of Congregation 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. or Social Security No.	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 \$1,000 for any student.
- **This form must be returned by Aug. 15, 2018.** Notifications postmarked after Aug. 15, 2018, **will not be matched** by Concordia.
- If deadlines are missed, the congregation may consider awarding the scholarship for the 2019-20 academic year.

Please include a copy of the notification with the scholarship check, and send no later than Nov. 1, 2018, for a full year scholarship or Jan. 5, 2019, for a spring only scholarship.

**MAIL TO: CONCORDIA CONGREGATIONAL SCHOLARSHIP PROGRAM
FINANCIAL AID OFFICE
CONCORDIA COLLEGE
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

Church email (required)