

**CHURCH/CAMP/COLLEGE MATCHING GRANT
AGREEMENT FORM
2018-2019**

On behalf of _____
(Name of Church, City & State)

I hereby indicate our intention to participate in the Church/Camp/College Matching Grant Program at Bethel College for the 2018-2019 School year.

Name of Student	Check if new to BC	Fall \$'s	Spring \$'s	Total 18/19 \$'s
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____

I have read the Policies and Procedures. I understand that fall semester's grant money should be received by August 1, and the spring semester's by January 15. Grant money should be the same amount for both semesters. The church grant check should be made out to Bethel College and sent to the Financial Aid Office at Bethel College 300 E 27th St North Newton, Ks 67117 (1-800-522-1887 ext 232 or 316 -284-5232 for local calls)

Printed name and title of person to whom next year's form should be mailed.

Address to which next year's form should be mailed.

Daytime phone number

Your signature

Date