



THE MASTER'S UNIVERSITY

Application for Ministry Matching Grant

INSTRUCTIONS

- 1. Please print in blue or black ink.
2. Answer every question. Incomplete applications will be returned.
3. If you have questions, call 800.568.6248 ext 2290
4. Send completed form, along with a check made payable to: The Master's University | Office of Financial Aid 21726 Placerita Canyon Road, Santa Clarita CA 91321 FAX 661.362.2693

FOR OFFICE USE ONLY

Date received: Check Amount:
Check received: Check No:

The Master's University Ministry Matching Grant (MMG) is designed to encourage Christian organizations (local churches, Christian schools, mission organizations, etc.) whose ministries are consistent with the mission of The Master's University to provide corporate scholarship support for students attending the university.

Please note that ministry sponsorships are not tax-deductible.

GUIDELINES

- TMU will match ministry scholarships from one or more organizations up to \$1,500 (combined) for new ministry scholarships.
For continuing students, TMU will continue to match preexisting ministry scholarships up to the matched amount in years prior to the 2016-17 year.
Both the award and the match are disbursed equally between the Fall and Spring semesters.
Student must have a cumulative high school GPA or cumulative college GPA of at least 2.0.
Ministry Matching Grants are only available for full-time traditional undergraduate students and are not available to students in the Professional Studies or graduate programs.
Both the check from the Christian ministry, as well as this completed Ministry Matching Grant Application, must be received by the August 1st deadline in order for matching funds to be awarded.
It is the student's responsibility to know how the gift from the Christian ministry and TMU's matching will be coordinated with other financial aid.
The Ministry Matching Grant is not intended to: match gifts from individuals for specific students, match internship monies, or match wages.

PERSONAL INFORMATION

To be filled out by the CHRISTIAN MINISTRY LEADER.

Title Name: Last First
Mr. Mrs. Miss
Position Title Organization Name Organization Phone Number
Address State / Zip
Student ID: Student's Name: Last First Middle Initial
P 0 0 0 _ _ | _ _ _ _ |
If unknown, use the last 4 digits of SSN

I certify that I am an authorized representative of the Christian ministry named above and that I have read and understood the guidelines stated above governing The Master's University Ministry Matching Grant Program.

Representative's Signature: Date:

Electronic Signatures are not accepted