

Church Contact Signature: \_\_\_\_

## **Church Match Scholarship Authentication**

## Elim Bible Institute and College

	nis is to notify Elim Bible Institute and Colleg mmitted to contributing \$ toward		is he
20 sp	C	abmitting this form, along with the contribution by the	
Pa	syment Options — circle one that applies:	Important Details:	
o o	Scholarship check is included with this form*  Scholarship check will be mailed by the specified deadline*	• <b>Full-time students</b> : EBIC may match up to \$1,000 for the year (maximum of \$500 per semester), <i>contingent on eligibility factors</i> .	
0	Online payment will be submitted by the specified deadline  Online payments may be made at www.elim.edu/supportastudent.  Please specify church name with online payment.	• Part-time students: EBIC may match up to \$500 ft the year (maximum of \$250 per semester), continge on eligibility factors.	
		Deadline to submit Church Match Scholarship Au thentication form and payment:	
		Fall semester: August 1st	
		Spring semester: December 1st	
		If possible, please send the entire Church Scholarship at once.	
		Church Match Scholarship Authentication form and payment may be mailed to:	=
	*Checks payable to Elim Bible Institute and College	Elim Bible Institute and College Attn: Financial Aid Office 7245 College Street Lima, NY 14485	
	Disclaimer: Limited availability, EBIC Church Match	Funds will be awarded on a first come, first served basis.	
C	hurch Name:		
A	ddress:City:	State: Zip Code:	
Е	mail:		
С	hurch Contact:		