



Nazarene Church Matching Scholarship Form

Please print this form and return (with check) to:

Office of Financial Aid
Eastern Nazarene College
23 East Elm Ave.
Quincy, MA 02170
Fax- 617.745.3992

We hereby certify that the following student(s) is a member of the local Nazarene Church or has been authorized as an "active" participant in this local Nazarene Church. The scholarship award represents the action of the Church and is not the earmarked support of individuals. The following students have been certified for the scholarship for the current academic year.

Scholarship Recipients

Full Legal Name of Student

Amount of Award

| | |
|-----------------------------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total funds enclosed | \$ _____ |

Name of Church

Signature of Pastor

Date

Signature of Church Treasurer

Date

If you have questions, please contact the Office of Financial Aid at 617.745.3712 or financialaid@enc.edu.