



GARDNER-WEBB
UNIVERSITY

MINISTERS ADVISORY COUNCIL
SCHOLARSHIP

***DEADLINE FOR HAVING THIS FORM COMPLETED AND TURNED IN
TO THE OFFICE OF FINANCIAL PLANNING IS **MAY 1**.**

It is with pleasure that I approve and recommend the following student for the Ministers Advisory Council Scholarship made available in my name as a member of the Ministers Advisory Council of Gardner-Webb University.

_____ (student's name) is a church member and in my opinion meets the criteria established by the University as the basis for the award. If approved, it is understood that the scholarship will be for \$250 (\$125 per semester) for four years provided the academic and citizenship standards required by the University are maintained. The student must be enrolled at least full-time (12 credit hours).

This is to certify that _____
has/has not been approved for the scholarship.

Board Member Signature _____ Date _____

Printed Name _____

Address _____

Student Certification:

I certify that I will be enrolled at least full-time during the academic year for which I will receive this scholarship.

Student Signature _____ Date _____

Social Security Number or Student ID _____

The Financial Planning Office will determine decisions on scholarships and amounts at the beginning of the academic year.

**Return form to GWU Financial Planning,
PO Box 955, Boiling Springs, NC 28017
or by fax to 704-406-4102.**