

# INDIANA WESLEYAN UNIVERSITY

## Application Form

### Morden Indiana Wesleyan Trust College Fund

Return by May 21

I \_\_\_\_\_ am applying for a Trust grant for the (*circle which applies*)

Fall / Spring Semester of the academic year \_\_\_\_\_. I meet the following eligibility requirements:

#### CHECK

- \_\_\_\_\_ 1. I will be a student (and am currently accepted) at Indiana Wesleyan University during the semesters for which I am applying, or I was a recipient of a grant last year and will be enrolled a minimum of 12 credit hours or more.
- or
- \_\_\_\_\_ I am a non traditional student and I am taken extension courses through Indiana Wesleyan University. I know I can take up to six credit hours per year and that would make me eligible for this scholarship.
- \_\_\_\_\_ 2. I am faithfully attending (when possible) the services of Hillside Wesleyan Church.
- \_\_\_\_\_ 3. I am in good standing according to the discipline of the Wesleyan Church.
- \_\_\_\_\_ 4. I understand that an interview with the Trust committee may be necessary.
- \_\_\_\_\_ 5. I understand the amount of grant will depend on the amount per year approved by the Trust Committee for each student who meets the qualifications for grants.
- \_\_\_\_\_ 6. I understand that I will need to reapply to the Trust committee or Trust Executor **each year** in order to be considered for that year (fall & spring semesters), if I participate in college matching funds.
- \_\_\_\_\_ 7. I will notify the Trust Committee or Trust Executor by each year if I plan to attend school the next spring semester. I understand failure to contact the Trust committee could result in my not receiving the scholarship for spring semester.
- \_\_\_\_\_ 8. I will promptly return any signed receipts that are requested.
- \_\_\_\_\_ 9. I understand that my parents or I may not contribute to any funds, which will be used to fund student scholarships while I am a recipient.

Email address: \_\_\_\_\_

I UNDERSTAND AND ACCEPT THE ABOVE CONDITIONS FOR THIS GRANT.

\_\_\_\_\_  
Date of application

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date of approval

\_\_\_\_\_  
Signature of Trust Committee Chairman