

Ministry Matching Scholarship Master's Level Application

Student Informatio	n Are you an inte	ernational student?	Yes 🔲 No [_		
Last Name First Name			Middle Initial			
Program: Master's	s in Christian Leadership	☐ Master of Di	vinity			
Please select only one	of the following. No	exceptions will be ma	ade to the dead	lines listed.		
I am enrolled for:	Fall semester (E	Deadline September 1)	Spr	ing semester (Deadline Ja	nuary 15)	
corporate scholarship su	pport for their students in or each dollar provided.	nvolved in higher educat Example: If the church/o	tion. Corban will m organization spons	nd Christian organizations natch up to \$250 per semo ors a Corban University S ward tuition expenses.	ester, up to	
Church/Organization	on Information					
Church/ Organization Name			Phone			
Church/Organization Mai	ling Address	City	State	Zip		
Name of Pastor/Official (l	Printed)	Title		email address		
Amount of church/or • The check must		an University and must	 be attached to thi	s matching scholarship ap	plication.	
 The application i official. 	s to be filled out complet	ely and signed by the pa	stor, a member o	f the church board or an c	organization	
• It is the student's	s responsibility to follow (up with their organizatio	n to ensure the de	eadline is met.		
I certify that I have read,	understood, and accept t	he guidelines for the Co	rban University M	inistry Matching Scholarsh	nip.	
Signature of applicant			Date			
Church/Organiza	ation Official's Signature		Date			

Please Return to: CORBAN UNIVERSITY OFFICE OF FINANCIAL AID

5000 Deer Park Drive SE | Salem, OR 97317-9392 800-764-1383 | 503-375-7006 | Fax 503-585-4316