



CHRISTIAN MINISTERS & EDUCATORS SCHOLARSHIP REQUEST FORM

SCHOLARSHIP IS REQUESTED FOR THE FOLLOWING UNDERGRADUATE STUDENT(S):

Student's name _____ Harding ID _____

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SCHOLARSHIP QUALIFICATION (CHOOSE ONLY ONE):

Minister

Awarded to unmarried dependents of full-time ministers (pulpit, youth, worship, etc.) or missionaries serving and living outside the United States. One parent must have been employed full-time as a minister at least one year prior to receiving the scholarship. Parent missionaries must have been serving full-time at least one year prior to receiving the scholarship. Award amount is \$4,000 per year. Scholarship may be combined with other institutional scholarships but may not exceed full tuition.

Christian School (K-12) Employee

Awarded to unmarried dependents of full-time Christian school (K-12) employees. The school must be affiliated with the Churches of Christ, a member of the National Christian School Association (NCSA) or The Council on Educational Standards and Accountability (CESA) and must serve students through grade 12. One parent must have been employed there full-time at least one year prior to receiving the scholarship. Award amount is \$4,000 per year. Scholarship may be combined with other institutional scholarships but may not exceed full tuition.

Christian College Employee

Awarded to unmarried dependents of full-time Christian college employees at qualifying institutions. One parent must have been employed full-time at least one year prior to receiving the scholarship. Award amount is \$4,000 per year. Scholarship may be combined with other institutional scholarships but may not exceed full tuition.

NOTE: The scholarship is valid for a maximum of four years (eight semesters) of undergraduate education. Recipients must be enrolled full-time (at least 12 hours) each semester and maintain a GPA of at least 2.5. Recipients are only eligible for one Christian Ministers & Educators Scholarship regardless of if both parents qualify.

PARENT AUTHORIZATION: *I give my permission for Harding University to contact my employer's authorizing person (listed on reverse side) to confirm my employment and any other pertinent information such as length of employment, job duties, rate of pay, etc.*

Parent's name _____ Date of birth _____

Email _____ Phone (____) _____

Title/Role _____

Parent's signature _____ Date _____

EMPLOYER SECTION

This form is being used by the aforementioned student/parent to request a scholarship for Harding University. Please read the description of the scholarship requested. If the applicant is eligible, please complete this section of the form. Thank you for your time to assist this family.

Employer (name of church or school) _____

Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Organization website (if any) _____

Employment start date _____

Currently employed? Yes / No

Employed full-time (40 hours per week)? Yes / No

For missionary families, please indicate the country in which they are serving _____

Other supporting information/comments _____

Authorizing person's name* _____

Title/role _____

Phone (_____) _____ Alternate phone (_____) _____

Email _____

Signature _____ Date _____

*For a minister, the authorizing person should be an elder or church leader. For a Christian school, the authorizing person should be a school administrator.

If this is your first time to apply for a discount, send this form to:
Harding University, Undergraduate Admissions, Box 12255, Searcy, AR 72149-5615
Questions: 501-279-4407 or admissions@harding.edu



