

Application for Church Matching Gift Program

Please fill out this form and return it to the Office of Financial Aid at 3000 Mountain Creek Parkway, Dallas, TX 75211 or finaidscholarships@dbu.edu. This form may be completed online and printed.

CHURCH INFORMATION			
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Church Name			
Mailing Address	City, State ZIP		Phone
Church Email			
STUDENT INFORMATION			
We, the undersigned, acting by the authori Dallas Baptist University's <u>Church Matchin</u> Dallas Baptist University award a Church member of our church.	ng Gift Program Guidel	<u>ines</u> on the DBU w	vebsite, and recommend
Student's Full Legal Name			
DBU ID# (Do Not Use Social Security Number)	Amount Contributed by C	hurch (per academic term)	Term for Gift
			1
Payment Method	Check or Reference Number	er	Term for Match
We further certify that our scholarship meets eac contributions:	h of the following Interna	l Revenue Service c	riteria for tax deductible
1. The gift is not for services rendered or i	n lieu of employee benefit	s or salary.	
2. The gift is not provided by family mem	pers of the student.	•	
3. The gift is not designated to a specific st	udent or student(s) by the	e original donor(s).	
The DBU Church Matching Gift Program is tuiti terms, including August mini-terms, and extend year from designated Christian church gifts. On Funds received in the Fall term will be matched	ing through the summer t ine only students receivir	erm), with a maxim	um of \$3,500 per academic
Signature & Title or Position		Date	
Signature & Title or Position		Date	

Signatures of two (2) church officials who are not related to the recipient are required. Appropriate signatures include Pastor, Deacon, Chairman, Scholarship Committee Chairman, Finance Committee Chairman, or Church Business Administrator.