



## CHRISTIAN MINISTERS & EDUCATORS SCHOLARSHIP REQUEST FORM

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

Student's name \_\_\_\_\_ Harding ID \_\_\_\_\_

Student's name \_\_\_\_\_ Harding ID \_\_\_\_\_

Student's name \_\_\_\_\_ Harding ID \_\_\_\_\_

### 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.

**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 (\_\_\_\_) \_\_\_\_\_

Basic job description (attach separate page if necessary):

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](mailto:admissions@harding.edu)

