WARNER UNIVERSITY
BEYOND BELIEF

Endowed Scholarship Guidelines

Scholarship Name _____

Person to contact concerning scholarship:

Name_____

Address_____

City_____State_____ Zip_____

Amount of initial gift_____

Stipulations for students receiving scholarships:

- From a particular state or region: ☐ no ☐ yes_____
- A particular Grade Point Average: ☐ no ☐ yes_____
- A particular major: ☐ no ☐ yes_____
- A particular church affiliation: ☐ no ☐ yes_____
- A particular year or years: ☐ Sophomore ☐ Freshman ☐ Junior ☐ Senior ☐ No stipulations
- Can the same student receive the scholarship multiple years: ☐ no ☐ yes
- Any additional stipulations: ☐ no ☐ yes

  _____

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If Warner University has a student they feel is worthy but does not meet all of the criteria, a Warner University representative from the Advancement office may contact me to discuss awarding assistance to that student. ☐ no ☐ yes

_____ _____

Your signature Date