

PCC Matching Scholarship Agreement and Payment Form

Complete this form and return it to: Pensacola Christian College, Attention: Scholarship Office, P.O. Box 18000, Pensacola, FL 32503. This form may be submitted via mail or emailed to BusinessOffice@pcci.edu. Payments and form may be submitted online at www.pcci.edu.

CHURCH/SCHOOL INFORMATION

Name _____ EIN# _____

Mailing Address _____

Email _____ Phone _____

METHOD OF PAYMENT

Payment Method: Check Credit Card _____ Contribution Amount \$ _____
Phoned in or online _____ Date _____

STUDENT RECOMMENDATION

Student(s) Legal Name	Student ID (if known)	Amount
1. _____		
2. _____		
3. _____		
4. _____		

AGREEMENT

Acting by the authority of the above-named church/school, I acknowledge that I have read the PCC Matching Scholarship guidelines and, based on that information, our church/school will make a financial donation to the above students who are active members or is a graduate. Our church/school also requests that PCC award the student(s) a PCC Matching Scholarship per the guidelines. I further certify that this scholarship meets each of the following IRS criteria for tax-deductible contributions:

1. The gift is not for services rendered or in lieu of employee benefits or salary.
2. The gift is funded through regular collective public offerings.
3. The gift is not designated or solely funded by the student's family personal funds.

I understand the PCC Matching Scholarship Program is tuition-specific, available for the academic year (Fall and Spring terms), with a maximum match of \$1,000 per academic year of church gifts.

Signature and Position

Date

The signature of a church/school official unrelated to the recipient(s) is required. Appropriate signatures include Pastor, Principal, Deacon, Chairman, Scholarship Committee Chairman, Finance Committee Chairman, or Business Administrator.

Business Office only:

Date Received

\$ _____
Amount

Check Credit card _____
Method of Payment

Initials