



E

2023-2024

Church Matching Recipient Roster

_____ \$ _____

_____ Church Name

_____ Official (print) Title

_____ Church Official (signature)

_____ Church Address

_____ City State Zip

Phone: (_____) _____ E-Mail: _____

**Return to: Grace College - Office of Financial Aid
1 Lancer Way, Winona Lake, IN 46590
E-mail: financialaid@grace.edu**

For Office Use Only: Agreement Rec'd: Y N Package Update: _____
