



WILMINGTON CHRISTIAN SCHOOL

CHURCH MATCH SCHOLARSHIP AUTHORIZATION FORM

WCS will match up to a maximum of \$500 per student per school year. Authorization Forms must be received by WCS no later than August 1st of the upcoming school year in order to be matched for that school year.

CHURCH INFORMATION

Church Name: _____

Address: _____

Church Official/Contact: _____

Phone: _____ Email: _____

SCHOLARSHIP RECIPIENT

Student Name: _____ Grade: _____

Church Contribution Amount: _____ School Year: _____

Student Name: _____ Grade: _____

Church Contribution Amount: _____ School Year: _____

When should WCS expect to receive the funds?: _____

COMPLETE AND MAIL THIS FORM TO:

**Wilmington Christian School
825 Loveville Road
Hockessin, DE 19707
Attn: Family Accounts Manager**

Or scan and email to: athomas@wilmingtonchristian.org

WCS Business Office Use Only

Church Contribution: \$ _____

Date Received: _____

WCS Matching Amount: \$ _____

Scholarship Applied: _____

Total Credit Due Student: \$ _____

WCS Authorization: _____
Date