Bishop Quayle Scholarship Program  
College of Arts and Sciences  
Baker University  
Baldwin City, Kansas

The Bishop Quayle Scholarship Program at Baker University will match a church contribution made for a student in its congregation in an amount up to $300 a semester. This gift can be renewed each semester for a maximum of ten semesters. Churches may provide more than $300 per semester; however, Baker can match only the first $300, for a total of $600 for the academic year. The money cannot be funded by or come directly from parents.

Students who meet University admissions requirements, and who are recommended by the appropriate board or committee of their church, are eligible to receive this award. Churches should send recommendations and checks to the Baker University Office of Financial Aid in order that the Bishop Quayle may be coordinated with other state and federal aid.

Churches are urged to send in their funds early to guarantee matching funds will be available. **Fall semester funds should be received by JULY 1 and Spring semester funds should be received by DECEMBER 1.**

**BISHOP QUAYLE MATCHING SCHOLARSHIP PROGRAM**  
(Please print or type)

(Name of Church)  
(Mailing Address of Church)  

does hereby agree to participate in Baker University's Bishop Quayle matching scholarship.

➢ THE CHURCH AGREES to provide a total of $_________ for the full academic year for ____________________________,
who is active in above church.

➢ BAKER AGREES to match an amount up to $300 per semester providing the church portion is received before the deadline dates. **The University cannot guarantee matching funds will be available after the deadline dates.**

☐ At this time the Church is sending $_________ of the $_________ total that will be sent for the academic year.  
(MAKE CHECK PAYABLE TO BAKER UNIVERSITY; DO NOT SEND MONEY TO STUDENT.)

☐ At this time the church is not sending any money, but will send $_________ by July 1 for fall semester and then $_________ by December 1 for spring semester.

This donation complies with IRS charitable gift regulations.

_________________________  
Church Phone Number  
_________________________  
Print the Name of church treasurer  

_________________________  
Signature of church treasurer  
_________________________  
Date

Please send this form with your check to:  
Office of Financial Aid  
Baker University  
PO Box 65  
Baldwin City, KS  66006-0065

Thank you. If you have questions, call (785)594-4595.