

Olivet Nazarene University
NAZARENE SCHOLARSHIP FORM

Please mail this form directly to:
 ONU Financial Aid Office - One University Ave. Bourbonnais, IL 60914
 Your scholarship check for all students should accompany the form.

___ FALL
 ___ SPRING

Church Name : _____ **Phone No. :** _____
District : _____ **Pastor :** _____

Church Section to Complete			Office Use Only		
Student Name	Student ID#	Amnt. Sent by Church	Fall 2014	Spring 2015	Comments
Total Sent by Church			Total Paid to Accounts		