

SCHOLARSHIP REQUEST

EVERY STUDENT DESIRING A SCHOLARSHIP MUST COMPLETE A SCHOLARSHIP REQUEST FORM. THE AMOUNT OF THE SCHOLARSHIP AWARDED WILL BE DETERMINED BY THE AMOUNT THE STUDENT PAYS AND AVAILABILITY OF MONEY GIVEN BY DONORS. FORMS SHOULD BE COMPLETED AND RETURNED TO THE CHURCH OFFICE AT LEAST 2 WEEKS PRIOR TO THE DATE OF THE EVENT.

OFFICE USE ONLY: _____ _____ _____
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PARTICIPANT INFORMATION

NAME: _____

GENDER: FEMALE MALE GRADE: _____ SCHOOL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE #: (_____) _____ - _____ E-MAIL: _____

PARENT/GUARDIAN INFORMATION

NAME: _____

CELL PHONE #: (_____) _____ - _____ E-MAIL: _____

FINANCIAL INFORMATION

EVENT NAME: _____ TRIP COST: \$ _____

AMOUNT ABLE TO PAY: \$ _____ SCHOLARSHIP AMOUNT REQUESTED: \$ _____

REASON FOR REQUESTING SCHOLARSHIP:

PARENT/ GUARDIAN SIGNATURE

____ / ____ / ____
DATE

