

Scholarship Request

- () Student Ministry
- () Children's Ministry

Student Name _____

Parent's Name _____

Address _____

City _____ Zip _____

Primary phone _____ Grade/Age _____

I am applying for assistance for _____
Event Name

Total cost of this event: \$ _____. I am able to contribute \$ _____ of that cost by _____.
Date

Why do you believe it is important for your son/daughter to attend this event?

Is there other information you would to add for consideration?

This request should be attached to the event registration form and returned with the event deposit by the registration deadline. Contact Christi Murray 485-9681 x19 with questions.

Office use only

Date _____ Payment process/agreement: _____

Approved scholarship amount _____

Approved by _____

Dispersal date _____