YOUTH MINISTRY SCHOLARSHIP APPLICATION

Please complete the following and return to the Student's Name:		-		
Parent's Name(s):				
Address:				
City	ST	Zip_		
E-mail:				
Home phone:	Cell phone:			
I am applying for assistance for				
The total cost of the event is \$, an	nd I am requesting help with	% (or \$) of the cost.	
Why do you believe that it is important for you				
PARENTS: Please describe the situation that caus	ses the need for a scholarship	at this time, use	as much detail as needed	
Student signature	Parent signature			
Staff use only: Approved amount: \$	Date:	Stafi	f Initials:	