



Children's Ministries



scholarship application

Please write legibly and be as thorough as possible when completing this application.
All information will be kept private.

Student Name _____ Home Phone _____
 Address _____ Email _____
 City _____ State _____ Zip _____
 Parents' Name(s) _____ Contact Phone _____

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Event/Camp _____ **Date of Event/Camp** _____

Cost of Event/Camp: \$ _____
 ♦ Amount You Can Contribute \$ _____ ♦ (Monthly payment plan option also available.)

Scholarship Requested: \$ _____

<p>Family Financial Status (Give as much information as available)</p> <p>Parents Marital Status: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED</p> <p>Number of children in the family: _____</p> <p>*Family's approximate monthly income: \$ _____</p> <p>*This information must be completed for scholarship to be considered.</p>
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Please describe reason(s) for scholarship request (including unusual circumstances or unexpected expenses at this time): _____

Parent Signature _____ Date _____

FOR OFFICE USE ONLY		
<input type="checkbox"/> Payment plan option:	\$ _____ /month ending on _____ / _____ / 20____	
<input type="checkbox"/> Other scholarship:	\$ _____	Name of other scholarship: _____
<input type="checkbox"/> Scholarship amount granted:	\$ _____	Account Number: _____
Request Received: _____	Contacted: _____	Approved: _____