



## Scholarship Application

*\*Application should be **filled out by parent or guardian** and turned in to Jennifer Kvamme at least **one week prior to registration deadline**. Scholarships are available because of generous donations from the church family and are given out based on need for **up to half the cost of an event**. Students are encouraged to work to earn the scholarship.*

Name of student(s) \_\_\_\_\_

Name of parent(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

For which event are you requesting a scholarship? \_\_\_\_\_

Dates of event: \_\_\_\_\_ Cost of event: \_\_\_\_\_

How much are you able to pay now? \$ \_\_\_\_\_

How much is your student able to pay right now? \$ \_\_\_\_\_

What work would your student be able to do to earn the scholarship? \_\_\_\_\_

\_\_\_\_\_

How much are you requesting in scholarship funds? \$ \_\_\_\_\_

Please explain the reason for your scholarship need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:

Request Granted: Y / N

Notes:

Ministry Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_