



Student Ministry Scholarship Form

Event: _____ Event Date(s): _____

Name: _____ Phone: _____

Address: _____ City: _____

Email: _____ Grade: _____

Reason for Scholarship:

Full Scholarship: _____ Partial Scholarship: _____ Amount needed: _____

Are you able to make payments: _____

Parent Signature Date Student Signature Date

Youth Minister's Signature Date

Comments:

Youth Ministry Team: Approved _____ Denied _____