

# Scholarship Application

## CONFIDENTIAL

Please complete the following and return to the Youth Ministry Office.

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's E-mail: \_\_\_\_\_

The event that I am requesting financial assistance for is: \_\_\_\_\_

The total cost of the event is \$ \_\_\_\_\_

I am requesting assistance with:

25% \_\_\_\_\_

75% \_\_\_\_\_

50% \_\_\_\_\_

100% \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form is your way to make us aware of specific needs. It will be kept completely confidential. Complete both copies and return to Dub.**