

EVENT SCHOLARSHIP

Confidential

Please complete the following and return to the youth ministry office.

CONTACT INFORMATION

Student name _____

Parent's name(s) _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____ Grade _____

SCHOLARSHIP REQUEST

I am applying for assistance for _____
EVENT NAME

The total cost of this event is \$ _____, and I am requesting help with \$ _____ or _____ % of the cost (normal maximum is 50%).

STUDENT INVOLVEMENT

Please describe your student's involvement at Heartland Community Church.

REASON FOR REQUEST

Why do you believe it is important for your son/daughter to attend this event?

Please describe the situation that causes your need at this time. Please be as detailed as possible:

Staff Use Only

Approved amount: \$ _____

Staff name _____ Staff signature _____