



# Student Scholarship Fund Application

*At Christ Community Church, we are committed to making sure every student is able to attend student ministry events regardless of financial situation. A lack of funds should **never** be an excuse to keep you from attending an event. By completing this application, it will help us determine your need for financial assistance. The student ministry at Christ Community Church cannot guarantee financial assistance, as our budget is limited. However, we are committed to alleviating financial stress for those who cannot afford the cost of an event.*

## CONTACT INFORMATION

Student's Full Name: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

## SCHOLARSHIP INFORMATION

Event for which you are requesting scholarship: \_\_\_\_\_

Please describe the situation (with as much detail as possible) that causes your need for financial assistance at this time.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How much will you be able to pay for this event? \_\_\_\_\_

If you are unable to pay for this event/trip, there are always volunteer opportunities to "pay" off your scholarship. Would you be interested in volunteer opportunities? (circle one)    Y    N

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Total Scholarship: \_\_\_\_\_

Approval: \_\_\_\_\_

Total Paid Back: \_\_\_\_\_

\_\_\_\_\_  
Student Date

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