

# **SCHOLARSHIP APPLICATION FORM**

*We never want money to be the reason a student is not able to be apart of one of our events. If you are in need of financial assistance in order to attend one of our events, please fill out this form and return it to the Grace Student Ministry office. Once the form is received, we will take time to review it and get in touch with you.*

**Date** \_\_\_\_\_

**Event:** \_\_\_\_\_

*Please Check One:*

**Partial Scholarship:** \_\_\_\_\_ **Full Scholarship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

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

**City/State/Zip:**  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Student Email:** \_\_\_\_\_

**Parents Name:** \_\_\_\_\_ **Parents #** \_\_\_\_\_

**Completed Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Member of Grace?** \_\_\_\_ **If not, where?** \_\_\_\_\_

**T-shirt size** \_\_\_\_\_ **Allergies?** \_\_\_\_\_

**Reason for needing scholarship (Describe briefly):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check here if you are a single parent family.**

**Student Signature:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_