

2016 Scholarship Application for CUMC Youth

For Student Missions, Retreats, Camp, Confirmation and other events at
Christ United Methodist Church

All scholarships are subject to yearly limits

Students Name: _____ Parents Name: _____

Address: _____

City, State Zip Code _____

Parent Cell Phone: (____) _____

Applying for a CUMC scholarship to attend: (please check box) Total Cost of Trip:\$ _____

- Winter Retreat Jan 15 -17
- Spring/Fall Retreats
- Camp Lee
- Other _____

I would like to request a scholarship in the amount of:

- 50%of the event
- 75%of the event
- other amount _____

- My co-pay of \$ _____ is enclosed (minimum co-pay is 25% of the total cost of the trip)

- I will be mailing my co-pay of \$ _____

Parent/Guardian _____ Signature: Date: _____

You will be contacted by CUMC Youth staff member once the form has been reviewed and approved.

To be Completed by Student Ministries Office

Approved by: Date: _____

Approved Scholarship Amount: _____

Student Notified Date: ☐Phone ☐Mail ☐Email