

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:** _____

Are you a member of Grace Baptist Church? _____

If not, where? _____

Reason for needing scholarship (Describe briefly): _____

Please check here if you are a single parent family.

Student Signature: _____

Parent Signature: _____