



SCHOLARSHIP REQUEST

PLEASE FILL OUT THE ENTIRE FORM. SCHOLARSHIPS WILL BE GIVEN TO INDIVIDUALS ON A CASE BY CASE BASIS. PLEASE NOTE THAT FILLING OUT THIS FORM DOES NOT GUARANTEE YOU A SCHOLARSHIP FOR A SPECIFIC EVENT. WHEN COMPLETED, PLEASE RETURN TO CORY WALL, STUDENT PASTOR. SCHOLARSHIP REQUESTS MUST BE TURNED IN ONE MONTH PRIOR TO THE EVENT.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CELL PHONE _____ E-MAIL _____

REQUESTING SCHOLARSHIP FOR (ONLY CHECK 1 PER FORM):

- | | |
|--|---|
| <input type="checkbox"/> GUYS/GALS WEEKEND | <input type="checkbox"/> MERGE WEEKEND |
| <input type="checkbox"/> PASSION CONFERENCE | <input type="checkbox"/> FAMILY MISSION TRIP |
| <input type="checkbox"/> CHILLIPEPPER CONFERENCE | <input type="checkbox"/> SUMMERSALT CAMP |
| <input type="checkbox"/> CONVERGE WEEKEND | <input type="checkbox"/> MONTANA MISSION TRIP |

COST OF ACTIVITY _____

AMOUNT ABLE TO PAY _____

AMOUNT REQUESTED _____

BRIEFLY EXPLAIN FINANCIAL NEED _____
