



SCHOLARSHIP APPLICATION

Scholarship grants are available for the **participation fee** in most cases. **Please print or type.** Attach additional sheets, as needed.

Youth Event: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parents Name: _____

Email Address: _____

Telephone Number(s) (h) _____ (c) _____

Church Membership: _____ City: _____ Denomination: _____

What is the total participation fee for event? _____ Have you already registered for this event? _____

Are you seeking partial or full scholarship? _____

If you are seeking partial scholarship assistance, how much can you pay? _____

If applicable, please give a brief description of youth's involvement in St. Giles youth program: _____

Please state briefly your need for financial assistance: _____

Applicant's Signature _____ Date: _____

Pastors' and/or Youth Coordinator's Signature and comments: _____

FOR OFFICE USE ONLY

Date received: _____ Date approved: _____ Amt approved: _____ Approved by: _____

Comments: _____