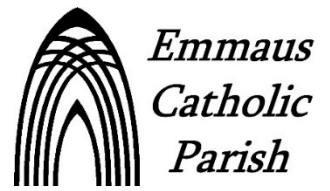


# FAITH FORMATION

Adults / Youth / Families



## Scholarship Application / Request Form (Trips and Events)

Name of Student(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

If Outcry: Year 1 or Year 2 Event/Class for Scholarship Request: \_\_\_\_\_

Children reside with: \_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_ both \_\_\_\_\_ other? \_\_\_\_\_

Number of family members in home: \_\_\_\_\_ Adults \_\_\_\_\_ Children

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Monthly Gross: \$ \_\_\_\_\_ Monthly Take Home Pay: \$ \_\_\_\_\_

Mother's email: \_\_\_\_\_ Mother's phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Monthly Gross: \$ \_\_\_\_\_ Monthly Take Home Pay: \$ \_\_\_\_\_

Father's email: \_\_\_\_\_ Father's phone: \_\_\_\_\_

Other monthly income: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Total monthly income: \$ \_\_\_\_\_

Total monthly expenses: \$ \_\_\_\_\_

Please state the reason for the need of this scholarship:

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Please share any additional information you would like us to know when considering this application:

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Amount of Scholarship Requested: \$ \_\_\_\_\_ Amount able to pay: \$ \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY** Date Received: \_\_\_\_\_ Staff Name: \_\_\_\_\_

Pastor's Approval: \_\_\_\_\_ Yes \_\_\_\_\_ No

Pastor's Signature: \_\_\_\_\_ Amount Awarded: \_\_\_\_\_