

Requests are to be submitted 30 days prior to Event. This form is confidential and will be shared only on a need to know basis.

1. Personal Information

Student's Name _____ Date of Request _____

Address _____ City _____ Zip _____

Phone / Home _____ Email _____

Parent's Name _____ Parent's Email _____

Parent's Employment _____ Parent's Work Phone _____

2. Church Information

FBC Status: Member Regular Attender Visitor

How long have you been attending FBC?

What is your present involvement in church ministries and activities?

3. General Information

Give a brief statement of your need for a scholarship: _____

For which Event do you need the scholarship? _____

Date of the Event _____ Cost of the Event \$ _____ Do you need a full scholarship? Yes No
(NOTE: Event "activities" (e.g., golf, etc.) are not covered by scholarships.)

If you don't need a full scholarship, how much are you requesting? \$ _____

Have you ever received a scholarship from FBC? Yes No
If yes, please give date and name of Event:

The information contained in this application is correct to the best of my knowledge.

Signature of Applicant or Parent / Guardian

Date: _____

FBC Youth Ministries Office Use Only

Approved **Denied**

Comments:

Amount Approved \$ _____ **Date** _____

Signature of Authorized Agent _____

Date _____

Credit Funds to: _____
Department Account