



# SCHOLARSHIP APPLICATION

At St. Helen Church, we don't want a lack of funds to keep you from attending an event. Please complete the following application, as this helps us determine your need and allows for us to be good stewards with our limited financial resources. Typically, we can provide some form of scholarship on the event. Unfortunately, we are limited in the amount of scholarships we are able to offer. All information is confidential and we will make every effort to, help you.

## CONTACT INFORMATION

Youth's Full Name: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

## SCHOLARSHIP INFORMATION

1. Event for which you are requesting scholarship: \_\_\_\_\_

2. Are there any special circumstances in your family that have resulted in your need for financial assistance (loss of job, illnesses, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How long have you attended St. Helen Church? \_\_\_\_\_ Are you a member?  yes  no

4. How much will you be able to pay for this event? \_\_\_\_\_

5. Are you involved in any other ministries at St. Helen Church?  
\_\_\_\_\_

6. Would you be willing to make monthly payments after the event/trip?  yes  no

If yes, how much do you think you could afford on a monthly basis? \_\_\_\_\_

7. Would you be willing to do some work (e.g. office work) for the church to "pay" for your scholarship?  yes  no

\_\_\_\_\_  
(signed)

\_\_\_\_\_  
(date)

For Office Use Only:
Date received: _____
Amnt paid: _____
Total scholarship: _____
Approval: _____
Total Paid back: _____
_____
_____
_____