



# STUDENT MINISTRY EVENT SCHOLARSHIP APPLICATION

**At CG Church, we don't want a lack of funds to keep a student from attending an event.**

Please complete the following application as this helps us determine your need and allows for us to be good stewards of our financial resources. Typically, we can provide some form of financial assistance for the event due to the generosity of our church family. 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

Student's Full Name: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

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

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

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

Parent's 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. Do you regularly attend CG Church?  yes  no

4. How much will you be able to pay for this event (minus the deposit amount, 50%, other)? \_\_\_\_\_

\*A deposit amount is required in the amount of \_\_\_\_\_

5. Would you be willing to consider making monthly payments\* after the event/trip?

yes  no

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

\*Not necessary in order to receive a scholarship.

6. Would your son or daughter be willing to volunteer for church events as a result of receiving a scholarship?

yes  no

7. Would your son or daughter be willing to take part in any fundraisers if provided?

yes  no

\_\_\_\_\_  
(student signature)

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

\_\_\_\_\_  
(parent/guardian signature)

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