

Youth Scholarship Application

(confidential)

FRONTLINE
YOUTH
MINISTRY



This form is to be completed by the parents or guardians of the youth requesting scholarship assistance for an event or activity sponsored by South Hill Bible Church. Funding for scholarships is based on need and availability of funds. Scholarship requests will be processed in the order in which they are received.

1. Student Information:

Student's Name: _____ D.O.B.: ____/____/____

Student's Name: _____ D.O.B.: ____/____/____

Student's Name: _____ D.O.B.: ____/____/____

Address: _____ Today's Date: ____/____/____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ - _____ Cell: (____) _____ - _____

Parent's Email: _____

2. Scholarship Information:

Event or Activity this scholarship request is for: _____

Event Date: ____/____/____

Amount Requesting: \$ _____ .00

Is there any additional information you wish to share regarding your request?

Please return scholarship request **at least two weeks** before the first day of the event or activity for which you are applying for a scholarship. Return to church office or mail to:

South Hill Bible Church
Attn: Youth Scholarship Committee
958 E. 29th Avenue
Spokane, WA 99203

<p><i>(Office use only, please do not write in this box)</i></p> <p>Date Received: ____/____/____</p> <p>Reviewed by: _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Amount Approved: \$ _____ .00</p> <p>Transaction Date: ____/____/____</p>
