

Freedom Youth Student Ministries
Scholarship Application

Date: _____

Student Information

Name _____

Grade: _____ Male Female

Parent Information

Name _____

Contact Phone #'s: _____

Event for which scholarship is requested: _____

Cost of event \$ _____

Minus Amount family would be able to pay: - \$ _____

Equals Amount of scholarship requested: = \$ _____

Please provide additional information regarding circumstances surrounding
need: _____

Parent Signature: _____ Date _____

For Office Use:

Amount of Scholarship Requested \$ _____

Amount of Scholarship Approved \$ _____

Signature of Approval _____

Parent Notified on _____

Attach copy of this form to payment received for accounting.