



Where God & Teenagers Connect

# Scholarship Application

Shalimar United Methodist Church  
Youth Ministries

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. Unfortunately, we are limited in the amount of scholarships we are able to offer. We do also require that you pay a minimum of \$10.00 towards the cost of the event or trip. All information is confidential and we will make every effort to help you.

## Contact Information

Student'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 Shalimar UMC? \_\_\_\_\_ Are you a member?  yes  no

4. What is the total cost of this event? \_\_\_\_\_

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

6. Would you be willing to participate in fund raising activities (e.g. car washes, event ticket sales, etc) to help "pay" for your scholarship?  yes  no

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

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

For Office Use Only:
Date received: _____
Amnt paid: _____
Total scholarship: _____
Approval: _____
Total "Paid" through fundraising: _____
_____
_____
_____