

Shalimar United Methodist Church Kidz Ministry Scholarship Application

At Shalimar UMC, we don't want a lack of funds to keep you from attending an event or activity. Please complete the following application, and we may be able to provide some type of assistance. All information is confidential. Thank you!

Contact Information:

Student's Full Name: _____
 Parent(s) Name: _____ Phone: _____
 Address: _____
 City, State, Zip: _____
 Email: _____
 School: _____ Grade: _____ Age: _____

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, illness) _____
3. How long have you attended Shalimar UMC? _____
 Are you a member? _____
4. What is the total cost of this event? _____
5. How much will you be able to pay for this event? _____

 (signed) (date)

SCHOLARSHIP INFORMATION FOR FOLLOWING PROGRAMS:

		<u>ATTENDING SUMC PAYS:</u>	<u>NON-MEMBERS PAY:</u>	<u>COST</u>
<u>AFTER SCHOOL CARE</u>	5 DAY	\$25/ PER WEEK	\$35/ PER WEEK	\$50
	3 DAY	\$15/ PER WEEK	\$25/ PER WEEK	\$30
<u>BLC WINTER RETREAT</u>	3 DAY	\$25 TOTAL FOR CAMP	\$50 TOTAL	\$150
<u>BLC SUMMER CAMP</u>	5 DAY	\$50 TOTAL FOR CAMP	\$75 TOTAL	\$295



Children's Director: Susan McLain
 children@shalimar-umc.org
 651-0721 or 598-6683

FOR OFFICE USE ONLY:

Date Received: _____

Amount Paid: _____

Total Scholarship: _____

Approval: _____