



# Scholarship Application

At Mariners Church, we don't want a lack of funds to keep you from attending an event. Please complete the following application, as this helps the team review all the needs and be good stewards with limited financial resources.

Please know that everyone must contribute financially towards the trip cost, even scholarship recipients. Consider what you would have spent on food and entertainment during this same time period on your son or daughter and consider contributing at least that amount. 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: \_\_\_\_\_

Mailing 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 much will you be able to pay towards this event? \_\_\_\_\_

4. We are open to the possibility of monthly payments before and after the trip.

Would this help your situation?     yes     no

How much could you pay monthly? \$ \_\_\_\_\_ for \_\_\_\_\_ months

7. Would you and your son or daughter, be willing to do some work (e.g. painting, repair, office work) at the church to "pay" towards a scholarship?

yes     no

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

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

For Office Use Only:	
Date received:	_____
\$ deposit by applicant:	_____
Total scholarship:	_____
Approval:	_____
Monthly Payment & Work Assignment Arrangements:	_____
	_____
	_____
	_____