

# Youth Ministry

## Scholarship Application Form

Name of Youth: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Is the youth currently a member of WMUMC? \_\_\_\_\_

Are there siblings also involved in youth ministry? \_\_\_\_\_

School the youth attends: \_\_\_\_\_

Number in Family: Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Parent(s)/Guardians occupation and work schedule:

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe the reasons for needing scholarship:

How much can you pay of your child's registration for the event? \_\_\_\_\_

Amount needed for payment in full? \_\_\_\_\_

Any other information you would like us to consider?

Signed \_\_\_\_\_ Date \_\_\_\_\_

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Office Use Only

Date received: \_\_\_\_\_ ( ) approved ( ) not approved

Effective Date: \_\_\_\_\_ Amount of scholarship: \_\_\_\_\_

Amount to be paid by family: \_\_\_\_\_