

# Scholarship APPLICATION



At Point Harbor Community Church, we don't want a lack of funds to keep your child 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 on the event. Unfortunately, we are limited in the amount of scholarships we are able to offer. All information is confidential and we will make every effort to help you. **The deadline to submit application is May 1st.**

## 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 Point Harbor? \_\_\_\_\_ Are you a member?  yes  no

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

5. Are you involved in any other ministries at Point Harbor? \_\_\_\_\_

6. Would you be willing to make monthly payments after the event/trip?  yes  no

• If yes, how much do you think you could afford on a monthly basis? \_\_\_\_\_

7. Would you be willing to do some work (e.g. church office work) to help "pay" for your scholarship?  yes  no

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Office Use Only:

Date Recv'd \_\_\_\_\_ Amt Paid \_\_\_\_\_

Total Scholarship \_\_\_\_\_ Approval \_\_\_\_\_

Total Paid Back \_\_\_\_\_

\_\_\_\_\_