

SCHOLARSHIP REQUEST FORM

Confidential

This form is confidential and will be shared only on a need-to-know basis.
This form must be completed in its entirety.

NAME OF EVENT _____

DATE OF EVENT _____ COST OF EVENT _____

PERSONAL INFORMATION

Name: _____ D/O/B _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Place of Employment: _____

Position: _____ How long with Company? _____ Full time Part time

CHURCH INFORMATION

FBC Status: Member Regular Attender Which church service do you attend: _____

How long have you been attending FBC?

What is your present involvement in FBC ministries and activities?

GENERAL INFORMATION

Give a brief statement of your need for a scholarship:

How much of a scholarship are you requesting? \$_____ (FBC does not grant 100% scholarships)

If you have requested and received a scholarship before how much did you receive? _____

for what event? _____

The information contained in this application is correct to the best of my knowledge.

Signature of Applicant or Parent/Guardian

Date

FOR OFFICE USE ONLY (ADMIN)

Amount Requested _____

Funds Available:

Yes

No

Admin's Initials

Comments:

FOR OFFICE USE ONLY (MINISTRY/EVENT LEADER)

Scholarship Approved:

Yes

No

Print Name

Signature

Date

Comments: