

ST. JOHN'S EPISCOPAL CHURCH
YOUTH SCHOLARSHIP FORM

CONFIDENTIAL

Please complete the following and return to the Director of Youth Ministries

Student Name: _____

Parent's Name(s): _____ School/Grade: _____

Address: _____ City: _____

State: _____ Zip: _____ Home phone: _____

I am applying for assistance for _____

Total cost of the event is \$ _____, and I am requesting help with _____% of the cost.

Please tell why you would like to attend this event: _____

Signature of Applicant: _____ Date completed: _____

Signature of Parent: _____ Date: _____

Recommendation for Scholarship approved by:

Signature of Youth Minister or Rector _____ Date: _____

Date Received: _____ Date approved: _____

Staff Signature: _____ Date notified: _____