

HIGH SCHOOL MINISTRY SCHOLARSHIP APPLICATION

FIRST EVANGELICAL FREE CHURCH

2801 BREA BOULEVARD / FULLERTON, CALIFORNIA 92835 • 714.257.4361

A limited amount of funds are available which will be disbursed among a number of students. Each scholarship application is evaluated based on the individual family need as long as we receive the completed application early enough to provide funds. **Summer camp deadline is three weeks prior to departure.** Please fill this form out completely and return to the Student Ministries office.

THE STATED DEPOSIT FOR REGISTRATION IS REQUIRED BY THE APPLICANT

STUDENT NAME _____

First

Last

ADDRESS _____

Street

City

Zip Code

PHONES _____

Home

Parent Cell

CLASS OF 20__ GRADE 9 10 11 12 CORE GROUP LEADER: _____

PARENT E-MAIL (REQUIRED) _____

EVENT _____ STUDENT HAS ATTENDED FEFC ___ Yrs. OR ___ Mos.

FAMILY FINANCIAL STATUS

Parents' marital Status Single Married Divorced

Number of Children in your family # _____

Family's approximate monthly income \$ _____

Amount your family is requesting \$ _____

Please write a few sentences briefly explaining your need for a scholarship or your family situation: _____

Parent Signature (required)

Date

SPECIAL REQUEST

If you are applying for a scholarship for your student, we suggest that you volunteer as a "Money Mom" or "Dollar Dad" to help us with event registrations as needed. This provides a tangible way for you to contribute to our programs. Volunteer times can be scheduled through the Student Ministries office.

• Accept (best phone number to reach me) _____

• Decline because _____

OFFICE USE ONLY

AUTHORIZED BY

DATE REC'D _____ DEPOSIT PAID \$ _____

HS PASTOR _____

AMOUNT AWARDED \$ _____ BALANCE DUE \$ _____

ADMIN ASST _____