

HIGH SCHOOL MINISTRY SCHOLARSHIP APPLICATION

FIRST EVANGELICAL FREE CHURCH

2801 NORTH BREA BOULEVARD / FULLERTON, CALIFORNIA 92835-2799

THIS APPLICATION IS FOR PARTIAL/FULL SCHOLARSHIP FOR HIGH SCHOOL STUDENTS ONLY.

To apply please fill this form out completely and return to one of the following:

- 1). DEBBIE SHUBIN IN HIGH SCHOOL MINISTRIES
- 2). THE MONEY MOM / DOLLAR DAD ON SUNDAYS
- 3). VIA MAIL TO THE ADDRESS ABOVE WITH ATTENTION TO THE HIGH SCHOOL MINISTRY.

NAME _____

ADDRESS _____
First Last

Street

PHONE #: _____
City Zip Code

Cell

Home

CLASS OF CORE GROUP LEADER: _____

E-MAIL ADDRESS: (REQUIRED) _____

EVENT APPLYING FOR: _____

FAMILY FINANCIAL STATUS

PARENTS MARITAL STATUS SINGLE MARRIED DIVORCED

NUMBER OF CHILDREN IN THE FAMILY # _____

FAMILY'S APPROXIMATE MONTHLY INCOME \$ _____

PLEASE WRITE A FEW SENTENCES BRIEFLY EXPLAINING YOUR NEED FOR A SCHOLARSHIP OR YOUR FAMILY SITUATION.

THE DEPOSIT FOR REGISTRATION IS REQUIRED

IMPORTANT: WE SCHOLARSHIP APPROXIMATELY 1/2 THE EVENT AMOUNT;
DEPOSIT AND BALANCE IS REQUIRED BY THE APPLICANT(S)

SPECIAL REQUEST

IF YOU ARE APPLYING FOR A SCHOLARSHIP FOR YOUR STUDENT, WE SUGGEST THAT YOU VOLUNTEER AT THE SAME TIME TO WORK AS A "MONEY MOM" OR "DOLLAR DAD" TO HELP US REGULARLY WITH EVENT REGISTRATION. THIS PROVIDES A TANGIBLE WAY FOR YOU TO CONTRIBUTE TO OUR PROGRAM IN LIEU OF CASH. VOLUNTEER TIMES CAN BE SCHEDULED THROUGH DEBBIE SHUBIN.

·ACCEPT. PLEASE REACH ME AT THIS NUMBER: _____

·DECLINE, BECAUSE: _____

PARENT SIGNATURE (REQUIRED) _____

OFFICE USE ONLY

DATE REC'D _____

DEPOSIT \$ _____

AMOUNT AWARDED \$ _____

BALANCE DUE \$ _____

AUTHORIZED INITIALS

SCOTT WILLIAMS _____

DEBBIE SHUBIN _____