

**Scholarship Application**

At Crowfield Baptist Church, we don't want a lack of funds to keep you from attending a children's ministry event. Please complete the following application to help us determine your needs. Typically, we can provide some form of scholarship for 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 assist you.

**Student Information**

Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Phone Numbers - Home: (\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_

Parent(s)/Guardian(s) Email: \_\_\_\_\_

**Scholarship Information**

Event for which you are requesting scholarship: \_\_\_\_\_

Are there any special circumstances in your family that have resulted in your need for financial assistance (loss of job, illnesses, etc.)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a member of Crowfield Baptist Church? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, how long have you attended? \_\_\_\_\_

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

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? \_\_\_\_\_

Signature of Child: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

*After completing this form, please return it to Jeff Canter, Youth and Children's Pastor.*

<b>For Office Use Only:</b>	
Date received:	_____
Amount paid:	_____
Total scholarship:	_____
Approval:	_____
Total Paid back:	_____
_____	_____
_____	_____