

# 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. **Camp Scholarship Application 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  Widowed

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

### OFFICE USE ONLY

### Authorized By

Date rec'd \_\_\_\_\_

Deposit Paid \$ \_\_\_\_\_

HS PASTOR \_\_\_\_\_

Amount Awarded \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

Admin Asst \_\_\_\_\_