

# Indian Trail Student Ministry Scholarship Application

Please complete the following and return to the student ministry office

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ School: \_\_\_\_\_

Are you a member of FBCIT? \_\_\_\_\_

If Yes, who is your Sunday Morning Life Group Leader? \_\_\_\_\_

If No, What church do you normally attend? \_\_\_\_\_

Do you have a job? \_\_\_\_\_ If Yes, who is your employer? \_\_\_\_\_

(circle one) Full Time Part Time Temporary

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

(circle one) Full Time Part Time Temporary

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

(circle one) Full Time Part Time Temporary

Event for which application is being made: \_\_\_\_\_

Announced Cost of the Event: \$ \_\_\_\_\_

Amount you can pay: \$ \_\_\_\_\_

Amount desired by applicant (max 50%): \$ \_\_\_\_\_

Would you be interested in a "workshop" (helping prior to, during, or after the event as a form of compensation)? \_\_\_\_\_

Why do you believe it is important for your son/daughter to attend this event? \_\_\_\_\_

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Please describe the situation that causes your need at this time. Please be as detailed as possible:

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I authorize this information to be correct.

Student's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

*\*Please remember that this is only an application. Due to limited funds, we will not be able to grant scholarships to everyone*