



Confidential Scholarship Assistance Application Form

Trinity Church has a limited amount of funds for scholarships. Scholarships will be granted on a need basis.

Requesting through Department: Middle School

Activity/Event/Class: Winter Camp - Pondo, February 8-10, 2019

Participant's Name _____

Parent's Name _____

Phone _____

Email _____

Why do you want to participate in this activity/event/class?

What are the circumstances that have led to this request?

I have received scholarship assistance before

Yes No

If "yes", when? _____ What Activity/Event/Class? _____

Total cost for activity/event/class/materials: \$199 for the first 40 students - \$229 after (circle one)

(Trinity Church does not supply full amount scholarships. Participant must contribute something.)

Amount of financial assistance requested \$ _____

Please return this form to the Trinity Church department you are requesting a scholarship with. We will contact you once a decision has been made regarding your request!

Office Use Only		
_____ Pastor's Signature	_____ Date	\$ _____ Approved Amount