



Scholarship Application

At the Del City Church of Christ, we don't want a lack of funds to keep you from attending an event. Please complete the following application, as this helps us determine your need and allows for us to be good stewards of our limited financial resources. Typically, we can provide some form of scholarship for events. Unfortunately we are limited in the amount of scholarships we are able to offer. All the information is confidential and we will make every effort to help you.

Contact Information:

Student's Full Name: _____

Parent's Name: _____ Phone: _____

School: _____ Grade: _____ Age: _____

Address: _____

City, State, Zip: _____

Email: _____

Scholarship Information:

1. Event for which you are requesting scholarship: _____

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

3. How long have you attended Del City Church of Christ? _____ Are you a member? _____

4. Are you involved in any other ministries at the Del City Church of Christ?

5. Would you be willing to make monthly payments after the event? _____

6. If so, how much do you think you could afford on a monthly basis? _____

7. Would you be willing to do some work for the church to "pay" for your scholarship? _____

(signed)

(date)

For Office Use Only:

Date recd: _____

Amount Paid: _____

Total Scholarship: _____

Approval: _____

Total Paid Back:

