



## STUDENT SCHOLARSHIP APPLICATION

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) Name (if minor): \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of program/trip/camp/college: \_\_\_\_\_ Cost \$ \_\_\_\_\_

How much can the family contribute? \_\_\_\_\_

Are you a member of Southpoint?  Yes  No

Describe your need for scholarship funds: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Participant Signature: \_\_\_\_\_

Parent Signature (if minor): \_\_\_\_\_

**For office use only:**

*Approved*

*Denied*

*Approved for the amount of \$* \_\_\_\_\_

*Reason for denial:* \_\_\_\_\_

\_\_\_\_\_

*Pastor/Minister Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_