



# SCHOLARSHIP

Please complete both sides of this form and return to the church office or to the black youth ministry mailbox on our Youth Ministries Table.

Student Name \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Event Requesting Assistance For: \_\_\_\_\_ Event Date: \_\_\_\_\_

Total Cost of the Event: \_\_\_\_\_ Amount Requested for Assistance: \_\_\_\_\_

*Normal Maximum is 50%*

Please describe your student's involvement at Central Church of the Nazarene:

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Why do you believe it is important for your student to attend this event?

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Please describe the situation that causes your need for assistance at this time:

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**FOR STAFF USE ONLY:**

Amount Approved: \_\_\_\_\_ Staff Initials: \_\_\_\_\_



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This side is to be filled out by the student in their handwriting.

Please describe why you would like to participate in this event, how you feel it would benefit your spiritual journey, and any other reason you would like to attend this event. Thanks for your honest thoughts!