



Alive Student Ministry Scholarship Application

Form to be completed by Parent or Guardian.

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 us to be good stewards of our available resources. All 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: _____

Parent's Email: _____

Scholarship Information

1. Event for which you are requesting a scholarship: _____

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

3. How long has your child attended ALIVE? _____ Are you members of NHC? yes no

4. How much will you be able to pay for this event? _____

5. Is your child involved in any other ministries at NHC?

6. Would your child be willing to do some work (e.g. office work) or manual labor for ALIVE Student Ministry to "pay" for your scholarship? yes no

(Signature of Parent)

(Date)

(Signature of Student)

(Date)

For Office Use Only:	
Date received:	_____
Amnt paid:	_____
Total scholarship:	_____
Approval:	_____
Total Paid back:	_____

