

# **SCHOLARSHIP REQUEST FORM**

***ALL SCHOLARSHIP REQUESTS MUST BE POSTMARKED BY 5/31/10 TO BE CONSIDERED AND MUST BE SENT WITH YOUR REGISTRATION FORM!***

**\* Scholarships will not be granted for chaperones**

*Youth must pay a \$30.00 registration deposit. Very few scholarships will be given and will only be given up to 50% of the remaining balance. Please make sure to check your receipt or call the Evangelism office to find out the amount of the scholarship rewarded. (614-827-1783 or vsslighl@scbo.org)*

\_\_\_\_\_  
**Name of Applicant**

\_\_\_\_\_  
**Birth date**

\_\_\_\_\_  
**Grade Completed**

\_\_\_\_\_  
**Church Name**

\_\_\_\_\_  
**Pastor**

\_\_\_\_\_  
**Church Address**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Church Phone #**

\_\_\_\_\_  
**Association**

Give a brief explanation of why this person should receive a scholarship to youth camp.

Please list actions taken by your church to assist this applicant with the financial costs of youth camp.

\_\_\_\_\_  
**Pastor's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**State Youth Strategist's Approval Signature**

\_\_\_\_\_  
**Date**