

First United Methodist Church
Scholarship Request Form

Today's Date: _____

Family Name: _____

Address: _____ City: _____

State/Zip: _____ Phone: _____ Email: _____

Participant Name	Event	Amount Requested

Is (are) the applicant(s) active in church? How often do they attend Sunday School, youth activities, small group, & Bible Study?

What particular circumstances necessitate this financial assistance?
(use back if needed)

Participant: How will this event help you in your relationship with Christ? (use back if needed)

All scholarship inquiries are confidential and are given regardless of race, sex, handicap, etc.

Applicant's Signature