



# Scholarship Application

*Please complete the following and return to the youth ministry office.*

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

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Event Name** \_\_\_\_\_ **Date** \_\_\_\_\_

The total cost of this event is \$\_\_\_\_\_ We are requesting help with \$\_\_\_\_\_  
*(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 son/daughter to attend this event?

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Please describe the situation that causes your need for assistance at this time.  
Please be as detailed as possible: \_\_\_\_\_

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Staff use only: Approved \_\_\_\_\_ Staff Name \_\_\_\_\_



## Scholarship Application

To be filled out by the student:

Please state why you would like to be a part of this event/activity, how you feel it will benefit your spiritual journey and any other reason you are wanting to attend this activity. (no longer than 1 page)