



Scholarship Application

I. *Guidelines for receiving a youth ministry event scholarship are as follows:*

- a. Any student is welcome to fill out a scholarship application.*
- b. There will be a limited number of scholarships available for each youth ministry event.*
- c. The youth minister will review all applications and award scholarships based on the info given to us on your application.*
- d. Students can only receive one full (100%) scholarship per year.*
- e. Students who are able to pay 25% or more toward an event would be eligible for multiple scholarships throughout the year.*
- f. If you are notified that you are moving on to round two of the scholarship process you will have a month to attend 2 Wednesday night youth services, complete 5 hours of community service (ie. Serving at the Good Samaritan Food Pantry, or at FBC), and you must participate in at least one youth fundraiser that is associated with the event that you are wanting to attend.*
- g. Should you not complete a step within this process you will no longer be eligible for a scholarship to the event in which you applied.*

II. Step By Step Process:

- a. Fill out & submit application.*
- b. Youth Minister will review all applications.*
- c. Youth Minister will decide and contact those who will be moving to round 2 of the scholarship process.*
- d. It will then be the student's responsibility to complete everything listed above in section (f) within a month. This will determine whether the student receives the scholarship or not.*

FBCNV STUDENT MINISTRY SCHOLARSHIP APPLICATION

**** all information in this document will be kept confidential ****

FOR _____ DATE OF TRIP OR EVENT: _____
Trip or Event

- This application is due on the registration deadline for the event you are hoping to attend.
- Please mail or bring this application to the FBCNV office.

PART ONE: To be filled out by the parent/guardian:

Name of Student: _____ Date: _____

Mailing Address _____

City _____ State _____ Zip _____

Age: _____ Date of Birth _____ School Grade: _____

Name of School attending: _____

Member of FBCNV? Yes ___ No ___ If no, where? _____

How often do you and your student attend? Weekly: ___ Monthly: ___ Sporadically: ___

Parent/guardian phone number _____ cell _____

E-mail _____

Please specify amounts available for this trip:

- a. Total cost of trip/event \$ _____
- b. Amount invested by applicant \$ _____
- c. Amount invested by relatives \$ _____
- d. Total \$ _____
- e. Amount of assistance needed \$ _____

Please write a brief explanation about why you need assistance for this event (job layoff, health issues, etc.) _____

Should I be selected for the second round process I intend to complete all requirements involved.

Student

date