

HICKORY GROVE YOUTH

EVENT SCHOLARSHIP APPLICATION

NAME OF STUDENT APPLYING: _____

AGE: _____ GRADE: _____ SCHOOL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN E-MAIL: _____ PHONE #: _____

NAME OF EVENT: _____

*Please briefly describe below why you require financial assistance*** for this event/trip. You do not have to go in to great details or share any information you are uncomfortable divulging. A short, simple answer is fine.*

*Please read the statement below, and if you agree, sign (both student **and** parent/guardian signatures are required!).*

We confirm that the above information is truthful and that we have a legitimate need for financial assistance. We understand that our information will be kept confidential and shared only with the appropriate church leadership in order to evaluate and process this assistance request.

(Parent Signature)

(Student Signature)

*****Awarding of scholarships is based on availability of funds available.
The Next Generation Pastor will contact you if a scholarship is awarded.**