



Scholarship Application

At The Chapel, we don't want a lack of funds to keep you from attending an event. Please complete the following application, as this helps us determine your need and allows for us to be good stewards with our limited financial resources. Typically, we can scholarship some or all of the cost of an event. All information is confidential and we will make every effort to, help you.

Contact Information

Student's Full Name: _____

Parent(s) Name: _____ Phone: _____

School: _____ Grade: _____ Age: _____

Address: _____

City, State, Zip: _____

Email: _____

Scholarship Information

1. Event for which you are requesting scholarship: _____

2. Are there any special circumstances in your family that have resulted in your need for financial assistance (loss of job, illnesses, etc.)?

3. How long have you attended The Chapel? _____ Are you a member? yes no

4. How much can you contribute for this event? _____

5. Would you be willing to do some work (e.g. office work etc...) for the church to "pay" for your scholarship? yes no

(Parents Signature)

(date)

For Office
Use Only:

Date received: _____

Amnt paid: _____

Total scholarship: _____

Approval: _____