Spring Creek Church Student Ministry Scholarship Application

Spring Creek Church makes available a limited amount of financial aid to its members who have definite financial need, on a first-come, first-served basis. It is to your advantage to apply as soon as possible. A scholarship does not guarantee your registration, so apply early and register! You will be notified of the decision by Becca Mathie, Student Ministries Administrative Assistant.

Parent(s) Name:				
Child(ren) Name(s):				
Child(ren) Gender, Date of Birth, Grade	e (IF APPLICABLE):			
Address:				
City, State, Zip:				
Home Phone:				
E-mail address:				
Parent Information				
Marital Status:	Number of Dependent Children:_			
Place of Employment:				
I am requesting a scholarship to particip	oate in:			
Are you a Spring Creek Church Membe				
Have you received a Scholarship before	e? Yes No			
Would you like information on student	work opportunities offered by Spring C	reek Church des	signed	l to help
reduce retreat costs (referred to as a work	rk credit)? Yes No			
How much would you be able to pay?_				
Reason for Aide:				
Complete and return this application to the ac Spring Creek Church N35 W22000 Cap Attention: Becca Mathie, Student Admi			ce at 2	62-695-221
FOR OFFICE USE ONLY	DATE APPLICATION RECEI	VED		
ACTIVITY FEE:	NOTATION:			
APPLICANT CONTRIBUTION:	NOTATION:			
WORK CREDIT:	NOTATION:			
BALANCE	REVIEWED BY:	DATE	/	/
AMOUNT AWARDED:	NOTATION:			
APPROVED BY:		DATE	1	1