



# SCHOLARSHIP APPLICATION

We don't want a lack of funds to keep you from participating in an event. Please complete the following application, as this will help us determine your need and allow us to be good stewards of our limited financial resources. Typically, we can provide scholarships for an event. Unfortunately, we are limited as to the amount of scholarships we can offer.

## CONTACT INFORMATION

Student's Full Name: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_

## SCHOLARSHIP INFORMATION

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

2. Are you a member of a church \_\_\_\_\_ Where \_\_\_\_\_ How long \_\_\_\_\_

3. How much of the cost will you be able to pay for this event  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**Send completed form to: Far Hills Community Church, 5800 Clio Rd, Dayton, Oh 45459  
or email to Kristie Kirk at [kkirk@farhills.org](mailto:kkirk@farhills.org).**

FOR OFFICE USE ONLY

Date received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Total Scholarship: \_\_\_\_\_ Approval: \_\_\_\_\_