



All Church Scholarship Application

Submit all requests to the church office with payment attached

1. Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

If applicant is a minor, name of parent or Guardian \_\_\_\_\_

2. What function are you requesting a scholarship for? \_\_\_\_\_

3. Total cost of function \$ \_\_\_\_\_

4. Amount you are able to contribute \$ \_\_\_\_\_

Your check must be attached for the request to be processed.

5. Please write a brief statement explaining your need for the scholarship assistance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(For Glenkirk Church Use Only)

Date Request Received: \_\_\_\_\_

Amount Approved \$ \_\_\_\_\_

Approved by:

Debit Acct: **5410-Scholarships/Rummage Sale**

\_\_\_\_\_  
Admin

Credit Acct: \_\_\_\_\_

\_\_\_\_\_  
Pastor (or) Department Head

Bookkeeper Input: \_\_\_\_\_

Admin Follow-up: \_\_\_\_\_

Scholarship Code: \_\_\_\_\_