

# HIGH SCHOOL MINISTRY SCHOLARSHIP APPLICATION

## FIRST EVANGELICAL FREE CHURCH

2801 BREA BOULEVARD / FULLERTON, CALIFORNIA 92835 • 714.257.4361

A limited amount of funds are available which will be disbursed among a number of students. Each scholarship application is evaluated based on the individual family need as long as we receive the completed application early enough to provide funds. **Camp Scholarship Application deadline is three weeks prior to departure.** Please fill this form out completely and return to the Student Ministries office.

### THE STATED DEPOSIT FOR REGISTRATION IS REQUIRED BY THE APPLICANT

STUDENT NAME \_\_\_\_\_

First

Last

ADDRESS \_\_\_\_\_

Street

City

Zip Code

PHONES \_\_\_\_\_

Home

Parent Cell

CLASS OF 20\_\_ GRADE 9 10 11 12 CORE GROUP LEADER: \_\_\_\_\_

PARENT E-MAIL (REQUIRED) \_\_\_\_\_

EVENT \_\_\_\_\_ STUDENT HAS ATTENDED FEFC \_\_\_ Yrs. OR \_\_\_ Mos.

### FAMILY FINANCIAL STATUS

Parents' marital Status    Single     Married     Divorced

Number of Children in your family    # \_\_\_\_\_

Family's approximate monthly income \$ \_\_\_\_\_

Amount your family is requesting    \$ \_\_\_\_\_

Please write a few sentences briefly explaining your need for a scholarship or your family situation: \_\_\_\_\_

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

\_\_\_\_\_  
Parent Signature (required)

\_\_\_\_\_  
Date

### OFFICE USE ONLY

### AUTHORIZED BY

DATE REC'D \_\_\_\_\_ DEPOSIT PAID \$ \_\_\_\_\_

HS PASTOR \_\_\_\_\_

AMOUNT AWARDED \$ \_\_\_\_\_ BALANCE DUE \$ \_\_\_\_\_

ADMIN ASST \_\_\_\_\_