

JACOB'S WELL YOUTH MINISTRY

SCHOLARSHIP FORM

EVERY EVENT, TRIP AND RETREAT IS DESIGNED SPECIFICALLY FOR THE SPIRITUAL FORMATION OF YOUR SON OR DAUGHTER, AND IT IS OUR DESIRE THAT EVERY SINGLE STUDENT HAS THE OPPORTUNITY TO PARTICIPATE IN EVERY EVENT OFFERED. IF MONEY IS TIGHT, PLEASE FILL OUT THE FOLLOWING FORM AND RETURN IT TO:

JACOB'S WELL YOUTH MINISTRY
1617 W 42ND ST
KANSAS CITY, MO 64111

SCHOLARSHIP REQUESTS MAY ALSO BE SCANNED AND EMAILED TO:
YOUTH@JACOBSWELLCHURCH.ORG

STUDENT NAME: _____ GRADE: _____

EVENT/TRIP: _____

DATE(S) OF EVENT/TRIP: _____ PRICE: _____

REQUEST OPTIONS:

- I AM ABLE TO CONTRIBUTE SOME AND REQUEST A PARTIAL SCHOLARSHIP.

I CAN CONTRIBUTE \$ _____ AND REQUEST A PARTIAL SCHOLARSHIP OF \$ _____.

- I AM UNABLE TO PAY AND REQUEST A FULL SCHOLARSHIP.

I REQUEST A FULL SCHOLARSHIP IN THE AMOUNT OF \$ _____.

- I REQUEST A LOAN AND CAN PAY THE FULL AMOUNT BY A SPECIFIC DATE.

I REQUEST A LOAN OF \$ _____ AND CAN PAY BY THIS DATE: _____.

STUDENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

EMAIL: _____

HOME PHONE: _____ CELL: _____

YOU WILL RECEIVE AN EMAIL ONCE YOUR REQUEST HAS BEEN REVIEWED. FOR ANY QUESTIONS, PLEASE SEND EMAILS TO YOUTH@JACOBSWELLCHURCH.ORG.