

JACOB'S WELL KIDS & YOUTH

# 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 KIDS & YOUTH MINISTRIES  
1617 W 42ND ST  
KANSAS CITY, MO 64111

SCHOLARSHIP REQUESTS MAY ALSO BE SCANNED AND EMAILED TO:

[MIMIK@JACOBWELLCHURCH.ORG](mailto:MIMIK@JACOBWELLCHURCH.ORG) (KIDS)

OR

[ADAMC@JACOBWELLCHURCH.ORG](mailto:ADAMC@JACOBWELLCHURCH.ORG) (YOUTH)

---

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 QUESTIONS, CONTACT THE EMAILS ADDRESSES ABOVE.