

# **Children's Ministry Event Scholarship Application**

Name of the Event: \_\_\_\_\_

Date of the Event: \_\_\_\_\_

Announced Cost: \$ \_\_\_\_\_

Amount You Can Pay: \$ \_\_\_\_\_

Please explain your need for scholarship assistance:  
**(must be completed for scholarship consideration)**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Are you a member of First Baptist Church of Allen?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If not, where do you normally attend? \_\_\_\_\_