



SCHOLARSHIP APPLICATION

Participant Name: _____ Date: _____

Parent(s) Name: (If minor) _____

Address: _____

Phone: _____ E-mail: _____

Age: _____ Date of birth: _____ Grade: _____

Name of program/trip/camp/college: _____ Cost \$ _____

How much can the family contribute? _____

Are you a member of Southpoint? Yes No

Describe your need for scholarship funds: _____

Participant Signature: _____

Parent Signature (if minor): _____

For office use only:

Approved

Denied

Approved for the amount of \$ _____

Reason for denial _____

Pastor/Minister Signature: _____ Date: _____