



SCHOLARSHIP APPLICATION

Children's Ministry at Christ Memorial Church

Event _____

Name _____

Phone _____

Address _____

City _____ State _____ Zip _____

Parents' Names _____

I would like to attend this event because _____

I am in need of assistance because _____

I am able to pay \$ _____ so I would like a scholarship in the amount of \$ _____

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Please complete this form, have your parent sign it,
and turn it in to the church office.