

The Branch Student Ministry Scholarship Application

Student Information:

Student's Name: _____ Grade: _____

Address: _____ City: _____ Zip Code: _____

Phone - _____ E-Mail - _____

Event Information:

Event Name: _____ Event Date: _____

What type of scholarship assistance are you seeking? (check one)

Half _____ \$5 or 5%* _____ Other (list amount) _____

**A "5% or \$5" scholarship is the highest scholarship available. This is where the student and their parent(s)/legal guardian assume the responsibility of paying a total registration cost of \$5 or 5% of the total registration cost, whichever is lowest.*

Parent/Guardian:

If I am accepted to receive a scholarship, I agree to place a maximum priority to attend the event I am receiving a scholarship for, except for extreme and unavoidable circumstances. Failure to attend event for which I have been awarded a scholarship for may jeopardize approval for future scholarship applications submitted for future events.

Participant's Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____