



Scholarship Application

FOR _____ DATE OF TRIP OR EVENT: _____
Trip or Event

PART ONE: To be filled out by the parent/guardian:

Name of Student: _____ Date: _____

Mailing Address _____

City _____ State _____ Zip _____

Age: _____ Date of Birth _____ School Grade: _____

Name of School attending: _____

Member of FBCNV? Yes ___ No ___ If no, where? _____

How often do you and your student attend? Weekly: ___ Monthly: ___ Sporadically: ___

Parent/guardian phone number _____ cell _____

E-mail _____

Please specify amounts available for this trip:

- a. Total cost of trip/event \$ _____
- b. Amount invested by applicant \$ _____
- c. Amount invested by relatives \$ _____
- d. Total \$ _____
- e. Amount of assistance needed \$ _____

Please write a brief explanation about why you need assistance for this event (job layoff, health issues, etc.) _____

