



# EAGLE HEIGHTS CHURCH STUDENT MINISTRY SCHOLARSHIP INFORMATION

We don't ever want to allow a lack of funds to keep anyone from participating in an event. To receive a scholarship, please complete the following application, as this helps us to be good stewards with our limited financial resources. All information will be kept confidential, and we will make every effort to help you as scholarship funds are available. Scholarship availability is as follows:

Member of Eagle Heights	Up to the full event cost
Not a church member	Up to the full event cost
Member of a Sister Church	Up to half the event cost

***Please print legibly***

Name \_\_\_\_\_ Event \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, ZIP \_\_\_\_\_ Email \_\_\_\_\_

Are you a member of another church? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Are there any special circumstances in your family that have resulted in your need for financial assistance (loss of job, illnesses, etc.)? \_\_\_\_\_

How much will you be able to pay for this event? \$ \_\_\_\_\_

The only requirement for receiving a scholarship is that you will need to write a note of thanks which will be given to the person or persons responsible for your scholarship.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this to Matt, or scan and email it to [matt@eagleheightschurch.net](mailto:matt@eagleheightschurch.net)

**For Office Use Only**

Date received: \_\_\_\_\_ Amount paid: \$ \_\_\_\_\_

Full event cost: \$ \_\_\_\_\_ Total scholarship given: \$ \_\_\_\_\_