

IGNITE STUDENT MINISTRIES

Scholarship Request Form



ignite
student ministries

Event: _____

Student Name: _____

School: _____ Grade: _____

Street Address: _____

City: _____ Zip: _____

Phone Number: _____

Total Cost of Event: _____ Deposit Required: _____

Would you like to setup a deferred payment plan? YES NO

How much would you feel comfortable paying each month? _____

Are you requesting scholarship funds? YES NO How much? _____

What is your reason for requesting scholarship funds? _____

FOR STUDENTS:

Please briefly explain why you would like to attend this event: _____

FOR PARENTS:

Please briefly explain why you believe your student should attend this event: _____

