



# Scholarship Application

At Edmond's First Baptist Church, we don't want a lack of funds to keep you from attending an event. Please complete the following application, as this helps us determine your need and allows for us to be good stewards with our financial resources. Typically, we can provide some form of scholarship on the event. All information is confidential and we will make every effort to, help you.

Our Scholarship include three areas:

1. Parents will be asked to share in responsibility by paying 1/3 of cost.
2. Recipient will be asked to share in responsibility by working towards 1/3 of cost.
3. Church will be asked to share in responsibility by giving 1/3 of cost.

## Contact Information

Student's Full Name: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

## Scholarship Information

1. Event for which you are requesting scholarship: \_\_\_\_\_

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

3. How long have you attended EFBC? \_\_\_\_\_ Are you a member?  yes  
 no

4. Amount of scholarship requesting: \_\_\_\_\_

5. Days available to work: \_\_\_\_\_

\_\_\_\_\_  
(signed)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(parent's signature)

\_\_\_\_\_  
(date)

For Office  
Use Only:

Date received: \_\_\_\_\_

Amnt paid: \_\_\_\_\_

Total scholarship: \_\_\_\_\_

Approval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_