

Application for Youth Scholarship

Applicant's Name	
Date of Request	
Age	
Parents' Name	
Address	
Phone	
Email	
Youth Event	
Date	
Total Cost	
Amount of Scholarship Requested	
What does the applicant hope to gain from his/her experience with this particular event? Please return your completed application to the rector.	
For Office Use:	
Approved by	
Approved by	
Date Paid	