## Please print this form, complete, sign, and return to: Kayla McIntosh, Youth Minister, kmcintosh@newcovenantumc-fl.org

## 2018/2019 Scholarship Application for The Grove Student Ministries

For Youth Missions, Retreats, Camps, and Events at New Covenant United Methodist Church

All scholarships are subject to yearly limits

It is the practice of The Grove Student Ministries of New Covenant United Methodist Church to seek the inclusion of all students in our activities, camps and programs regardless of financial means. Although it is necessary that we charge for several of our ministry events, we attempt to keep expenses as low as possible and also attempt to make scholarships available to youth. This form is to assist in the process of allocating any available scholarship funds. All information provided on this form will be kept confidential.

Student Name(s):	P	arent Name(s):			
Address:					
City:	State:	Zip Code:			
Primary Phone: ()		Email Address:			
Applying for a student scholarship to attend: (plo	ease check box)	Tota	al Cost of Trip	: \$	
[ ] Mission Trip: I will be attending the _ [ ] Retreat [ ] Camp [ ] Event (on and/or off-campus)		1	rip.		
I would like to request a scholarship in the amou	ınt of:				
[] 50% of the event [] 75% of the event [] other amount [] My co-pay of \$ is er [] I will be mailing my co-pay of \$  To be completed by youth: Please describe the student's level of involveme regular attendee; and which programs they curre	ent with New Covenant			y are a mem	ıber,
Briefly explain what you hope to gain from this e	event/mission:				
Please provide a brief explanation about why yo	u are in need of financ	ial assistance:			
Student Signature:					
Parent/Guardian Signature: You will be contacted by the coordinator of youth mini	istries once the form has	been reviewed and approved.	Date: _		
To be completed by Youth Ministries: Approved	l by:	Date:			
Approved scholarship amount:	Student	Notified Date:	_[]Phone	[]Mail	[]Email