

Christ's Church of Oronogo Student Ministry



Applications must be turned in to a staff member **3 weeks** before the event in question. Remember, we love you and WANT you to be able to attend so don't be afraid to ask for help if it is needed!

Today's Date: _____ Name & Date of Event: _____

Name of Attendee: _____ Grade: _____

Address/City/State: _____

Home Phone: _____ Email: _____

Name of Parent/Guardian: _____ Phone: _____

Why do you want to attend this event? _____

Have you attended this event before? _____

If yes, what affect did it have on you? _____

What amount are you able to personally contribute? \$ _____

When do you think this money will be available? _____

Attendee's Signature: _____

Parent/Guardian's Signature: _____

Minister's Signature: _____

Office Use Only

Amount of Approved Scholarship: \$ _____

Applicant Contacted about Approval: _____

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