

Scholarship Application

Student's Name

First: _____ Last _____

Parent's/Guardian's Name

First: _____ Last _____

Address: _____

City: _____ State _____ Zip _____

Student Phone: _____ Parent/Guardian Phone: _____

Student Email: _____ Parent/Guardian Email: _____

Birthdate: _____ Age: _____ Grade: _____

Event:

Total Cost:

Requested amount of Scholarship 50% 100%

Briefly, explain your need for financial assistance.

To Be Understood By Student and Parent/Guardian

I understand if I receive financial assistance to this event I am expected to attend all Youth functions—including Elevate Youth on Wednesday and any fundraisers. I am part of the Elevate Youth, therefore, I will participate in all activities as I am able.

Student Signature

Date

Parent/Guardian Signature

Date