



Foothills Bible Church
SCHOLARSHIP REQUEST FORM
Confidential

This form is confidential and will be shared only on a need to know basis.
This form must be completed in it's entirety

NAME OF EVENT _____

DATE OF THE EVENT _____ COST OF THE EVENT _____

PERSONAL INFORMATION

Name: _____ D/O/B _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Place of Employment: _____

Position: _____ How long with Company? _____ Full time Part time

CHURCH INFORMATION

FBC Status: Member Regular Attender Which church service do you attend: _____

How long have you been attending FBC ?

What is your present involvement in FBC ministries and activities?

GENERAL INFORMATION

Give a brief statement of your need for a scholarship: _____

How much of a scholarship are you requesting? \$ _____ (FBC does not grant 100% scholarships)

If you have requested and received a scholarship before how much did you receive? _____
for what event _____

The information contained in this application is correct to the best of my knowledge.

Signature of Applicant or Parent/Guardian

Date

OFFICE USE ONLY

Approved

Denied

Comments:

Amount Approved \$ _____

Date _____

Credit Fund to:

Cost Center _____

Account Code _____

Pastor, Ministry Director, or Event Ministry Leader Approval

Please print name

Signature

Date _____

Comments: