

Youth Ministry Scholarship Application Southeastern Pennsylvania Synod

Name _____ Congregation _____

Conference _____ Grade _____ or role in the congregation _____

Address _____

Email _____ Phone number _____

Name of event for which funds are needed _____

Have you attended this event before? _____ If so, when? _____

Have you received a synod scholarship before? _____ If so, when? _____

Why do you wish to attend this event? What are your expectations as a participant?

Please briefly describe the financial situation. Include the amount you are able to put towards the event. This information is confidential.

Signed _____

Date _____

If under 18 years old, a parent or church leader must co-sign.

Adult _____

Date _____

For office use:

Amount awarded _____ Date _____ Signed _____