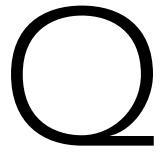


# Scholarship Application



St. John's Lutheran Church—Bloomington, IL  
For Children, Jr. High and Sr. High Ministries.

At St. John's, we don't want a lack of funds to keep your student from attending an event or being a part of a ministry program or group. Please complete the following application, as this helps us determine your needs and allows for us to be good stewards with our limited financial resources. Typically, we can provide some form of scholarship on the event. Unfortunately, we are limited in the amount of scholarships we are able to offer. All information is confidential and we will make every effort to help you.

## Contact Information

Student's Full Name(s): \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

## Scholarship Information

1. Event/Program for which you are requesting scholarship: \_\_\_\_\_

2. Are there any special circumstances in your family that have resulted in your need for financial assistance (loss of job, illnesses, etc.)? Knowing this information helps us to minister to your family more fully.

\_\_\_\_\_  
\_\_\_\_\_

3. How long have you attended St. John's Church? \_\_\_\_\_ Are you a member? yes no

4. How much will you be able to pay for this event/Program? \$ \_\_\_\_\_

5. Are you involved in any other ministries at St. John's? \_\_\_\_\_

6. Would you be willing to make monthly payments? yes no

If yes, how much do you think you could afford on a monthly basis? \_\_\_\_\_

\_\_\_\_\_  
(signed) (date)

**Please return this form to the appropriate staff person or leader** responsible for the event that your student is attending. Please promptly return this form so that we can plan ahead and do our best to accommodate your needs.

<b>For Office Use Only: r06-09</b>
Date Received: _____
Amount Paid: _____
Total Scholarship: _____
Approval: _____
Total Paid Back: _____