

Bethany Lutheran Church Youth Program Scholarship Application

Date: _____

Student Name: _____

Phone/Email: _____

Parents: _____

Event for which you would like financial assistance: _____

Desired amount of financial assistance: _____

(We will make every effort to award the amount you need but our funds are not unlimited. Please answer the following questions to help us make good decisions about allocation of funds.)

Amount able to contribute: _____

Describe your participation in Youth Fundraisers (which ones, how many hours, etc.):

Please tell us why it is important to you to participate in this event: _____
