

Student Ministries Scholarship Application

Auburn Grace Community Church



AUBURN GRACE
COMMUNITY CHURCH

Please complete the following and return to Meredith in the AGCC Office.

Student name: _____ Grade: _____

Parent/guardian name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

I am applying for assistance for _____ (event).

The total cost of this event is \$ _____. My family can pay \$ _____ and I am requesting help with the remainder of the cost.

To be completed by student

Why do you want to attend this event?

To be completed by parent/guardian

Why do you believe it is important for your student to attend this event?

Briefly describe the situation that causes your need at this time.

AGCC Office Use Only

Application received: _____

Event date(s): _____

Approved amount: \$ _____

Staff initials: _____