

Hosanna Lutheran Church
Scholarship Request Form

Event: _____ Date of Event: _____
Name: _____ Email: _____
Address: _____
Phone Numbers Home: () _____ Work: () _____ Cell: () _____

Notes:

- § Financial Assistance is available for all youth events.
- § All information on this form is completely confidential.
- § The Scholarship Request Form should be submitted with the Individual Registration Form as soon as possible.
- § The participant's family is asked to contribute whatever amount of money they can.
- § Financial Assistance, if approved, is available for the registration fee only.

Registration Cost _____ \$ _____
Participant will Contribute: _____ \$ _____
Amount of Scholarship Requested: _____ \$ _____

Please explain the reason for your request:

Signature of Parent/Guardian _____ Date _____

Office Use Only

Approval _____ Date _____ Amount of Scholarship _____