



YOUTH EVENT SCHOLARSHIP APPLICATION

First-Centenary United Methodist Church | Shouting Stones

Street Address: 419 McCallie Ave., Chattanooga, TN 37402 | 423-756-2021 | www.firstcentenary.com

Mailing Address: P.O. Box 208, Chattanooga, TN 37401 | Shipping Address: 418 Oak St., Chattanooga, TN 37403

Privacy Statement:

First-Centenary United Methodist Church will not share your private information with any third party. This information is for internal use only.

Instructions:

1. Please print clearly the following information. Incomplete, inaccurate, or not signed applications will not be considered.
2. Please complete one application for each scholarship.
3. Turn in completed application, with all applicable signatures, to the Youth Ministry Office. If mailing the application please use the mailing address listed above with: "Attn: Youth Ministry Department." Please allow at least 5 business days for processing.

Personal Information:

Applicant Name: _____

Date of Birth: ____/____/____; Age: ____; Gender: ____; Grade: ____

Home Address: _____
(Street Address) (City) (State) (Zip)

Home Phone: ____; Cell: ____; Email: ____

Parent / Guardian Information:

Legal Guardian Name: _____

Address (if different): _____
(Street Address) (City) (State) (Zip)

Home Phone: ____; Cell: ____; Email: ____

About our scholarships:

Scholarships are available through the generosity of members within the congregation, through our annual budget, and sometimes through special requests of the church's permanent endowment fund. We never want money, or the lack thereof, to keep a child/youth from participating in one of our youth group events. However, there are a limited number of scholarships available so please give what you can.

Event Information:

Name & Date of Youth Event: _____
(Name of Event/Activity) (Date)

Why do you want to go on this trip/event? _____

Funds Requested:

Registration Cost for Event: _____

Spending Money Needed: _____

Amount you can pay: _____

Amount you are requesting: _____

Signatures:

(Youth Signature) (Date)

(Parent / Legal Guardian Signature) (Date)

For office use only:

Date received: ____/____/____;

Scholarship amount recommended: _____; Scholarship amount awarded: _____.

Processed by: _____; Date: ____/____/____; Status: ____ Approved; ____ Not Approved