



**LIFESPRING  
STUDENTS**

## Scholarship Application

At LifeSpring Church, we do not want a lack of funds to keep a student from attending an event. Please complete the following application, as this helps us determine the need and to be good stewards with our limited financial resources. Typically, we can provide some form of scholarship to an event. We are limited but will make every effort to assist in any way we can. All information is confidential.

### Contact Information

Student's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

Parent(s) Email: \_\_\_\_\_

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

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

### Scholarship Information

1. Event 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.)?  
\_\_\_\_\_  
\_\_\_\_\_

3. How much are you be able to pay for this event? \_\_\_\_\_

\_\_\_\_\_  
(Name in Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

For Office Use Only:

Date received: \_\_\_\_\_

Approval  
Date/Initials: \_\_\_\_\_

Scholarship Amount  
Given: \_\_\_\_\_

Amount Paid by Family: \_\_\_\_\_