C COAST HILLS CHURCH

Student Life Scholarship Application

At Coast Hills, we don't want a lack of funds to keep you from attending an event. Please complete the following application, as this helps us determine your need and allows for us to be good stewards with our limited financial resources. Typically, we can provide some form of scholarship on the event. Unfortunately, we are limited in the amount of scholarships we are able to offer. All information is confidential and we will make every effort to, help you.

Contact Information

Student's Full Name		
Parent(s) Name:	Phone:	
School:	Grade:	Age:
Address:		
City, State, Zip:		
Email:		
Scholarship Information		
1. Event for which you are requestin	ıg scholarship:	
2. Are there any special circumstanc financial assistance (loss of job, ill		e resulted in your need for
3. How long have you attended Coast	t Hills Church?	_
4. Are you involved in any other min	nistries at Coast Hills Churc	eh?
5. As a recipient of this scholarship, throughout the year to volunteer wit Administrative help in the office dur an email to put on this list.	th various needs such as ch	neck-in for camps,
(parent signature)	(d	ate)

(For Office Use Only) Amount of Scholarship____

Initial_