

Scholarship Application
(Confidential)

Please complete the following and return to Pete or Emily Johnson.

Student's name: _____

Parents' name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell/Work Phone: _____

I am applying for assistance for _____
(Name of event)

The total cost of this event is \$_____, and I am requesting help with _____% of the
cost (normal maximum is 50%).

Please describe your student's involvement at Tab Church:

Why do you believe that it is important for your son/daughter to attend this event?

Please describe the situation that causes your need at this time in as much detail as possible.

Staff Use Only

Approved Amount _____

Staff Name _____