Fullerton Free Church

2801 Brea Boulevard / Fullerton, California 92835 • 714.257.4361

A limited amount of funds are available which will be disbursed among a number of students. Each scholarship application is evaluated based on the individual family need as long as we receive the completed application early enough to provide funds. **Camp Scholarship Application deadline is three weeks prior to departure**. Please fill this form out completely and return to the Student Ministries office.

The stated deposit for registration is required by the applicant

STUDENT NAME					
	First			Last	
ADDRESS	Street				
	City		Zip Code		
PHONES	Home		Parent Cell		
CLASS OF 20	ASS OF 20 GRADE 9 10 11 12		HS CREW LEADER:		
PARENT E-MAIL ((REQUIRED)				
EVENT			STUDENT HA	AS ATTENDED F	EFC Yrs. ORMo
Fan	nily Financial S	tatus			
Parents'	marital Status	SingleO	MarriedO	DivorcedO	Widowed O
Number of Children in your family			<u>#</u>		
Family's	approximate n	nonthly incor	me <u>\$</u>		
Amount	your family is	requesting	<u>\$</u>		

Please write a few sentences briefly explaining your need for a scholarship or your family situation:

Parent Signature (required)

Date

OFFICE USE ONLY		Authorized By
Date rec'd	Deposit Paid \$	HSM Shepherd
Amount Awarded \$	Balance Due \$	Admin Asst