**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 NA	AME First					
						_
ADDRESS _						
-	City			Zip Code		
PHONES _	Home	Home Parent Cell				
CLASS OF 20 GRADE 6 7 8 SMALL GROUP LEADER:						_
PARENT E-M	AIL (REQUIRED)					
EVENT			STUDENT H	AS ATTENDED FE	EFC Yrs. ORM	os.
	Family Financial	Status				
Paren	nts' marital Status	Single O	Married O	Divorced O	Widowed O	
Num	ber of Children in	your family	#	_		
Fami	ly's approximate n	nonthly inco	me \$	_		
Amo	unt your family is	requesting	\$	_		
	e a few sentences	• •				
						-
						-
		Paren	nt Signature (requi	ired)	Date	-
OFFICE USE (	ONLY			Autho	prized By	
Date rec'd		Deposit Paid S	\$		MSM Shepherd	
Amount Award	ed \$	Balance Due	\$		Admin Asst	