

# Salem Covenant Church Scholarship Application

Our desire is that everyone who wishes to participate in ministry opportunities at Salem Covenant Church is able to do so. If your family requires assistance with ministry fees, please complete this scholarship application and give to Alice Johnson, Executive Pastor. Information regarding approved scholarship monies will be communicated to both you and the appropriate ministry leader.

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Cost of Event: \$ \_\_\_\_\_

Your Contribution: \$ \_\_\_\_\_

Scholarship Requested: \$ \_\_\_\_\_

Names of family members attending event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note on back any extenuating circumstances you would like to share concerning this request.