

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: _____

Email: _____

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.