

WHEATON BIBLE CHURCH
STUDENT MINISTRY SCHOLARSHIP APPLICATION

Student Name: _____ Grade: _____

Parent(s) Name: _____

Email: _____ Phone: _____

Event/Activity requesting scholarship for: _____

Total Cost of Event/Activity: _____

Scholarship amount requested: _____

**Please note that WBC Student Ministry does not give full scholarships for any event.*

FOR THE PARENT: Please use the provided space below to give a brief description of the current circumstances that lead you to request financial assistance:

FOR THE STUDENT: Please use the provided space to indicate why you want to attend this Student Ministry Event:

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

WBC Staff Member Signature: _____ Date: _____