

Scholarship Request Form

Name of Student: _____

Name of Event: _____

Date of Event: _____

Total Cost of Event: \$ _____

Assistance needed: \$ _____

(Up to half the total cost)

Brief reason for scholarship request: _____

Requested by: _____

Contact Phone: _____

Contact Email: _____

Relationship to Student: _____

Date of Request: _____

Signature of Parent/Guardian _____

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