

Scholarship Request Form - Confidential
Christ Community Church

Person requesting scholarship: _____

Date: _____

Event/Expense purpose: _____

(i.e. Small group, retreat, conference, etc.):

Ministry Area: _____

Total Amount Due to Church: _____

Requested scholarship amount: _____

Amount being paid by person requesting scholarship: _____

(When requesting scholarship, except in the cases of extreme financial hardship, we request each person commits to payment for some portion of the cost of the event. Payment may be done in small amounts.)

Reason for scholarship need: _____

I am requesting this scholarship from Christ Community Church of San Diego. I commit that I will be a good steward of any resources awarded to me via the scholarship and I am committed to attend the event that is being subsidized.

Signature *Date*

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Church office use only:

Scholarship review and approved/declined by: _____ *Date:* _____
Scholarships must be reviewed by the senior pastor and/or the chairperson of the Trustees

Scholarship amount rewarded: _____

Credit account: _____

Charge account: _____

Data entered: _____ *By:* _____