



# FINANCIAL AID REQUEST FORM

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

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

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Here at First Baptist Joplin we do not want lack of funds to stand in the way of any student attending at event. This form will help us in better understanding your financial need as well as help us in being good stewards of our limited scholarship resources. All information given is confidential and we will make every effort to provide assistance where it is truly needed.

EVENT FOR WHICH APPLICATION IS BEING MADE: \_\_\_\_\_

Total cost of event: \$ \_\_\_\_\_

Amount you can pay: \$ \_\_\_\_\_

Total scholarship needed: \$ \_\_\_\_\_

Would a monthly payment plan before/after the event help your situation?    Yes    No

If yes, how much could you afford on a monthly basis? \$ \_\_\_\_\_

Please list any special circumstances in your family that have resulted in your need for financial assistance?

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Return this completed form as soon as possible so that we have ample time to make a decision concerning this request. Thank You.*