

# Kid Venture Scholarship Application

At Summit Heights Fellowship, we are committed to making every event available for every student, regardless of their families financial status. We do not want a lack of funds to prevent any student from attending an event. Please complete the confidential application and we will make every effort possible to help you.

## Contact Information:

Student's Full Name: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

## Scholarship Information

Event for which you are requesting scholarship: \_\_\_\_\_

Are there any special circumstances in your family that have resulted in your need for assistance (loss of job, illness, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

Does your family currently attend SHF? \_\_\_\_\_ How long? \_\_\_\_\_

Did your child participate in any SHF Fundraisers during the last 12 months? \_\_\_\_\_

**How much are you able to pay towards the event?** \_\_\_\_\_

Would you be willing to make monthly payments after the event? \_\_\_\_\_

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

*For Official Use Only:*

NOTES:

Date Received: \_\_\_\_\_

Scholarship Amount: \_\_\_\_\_

Approval: \_\_\_\_\_