



Valleybrook Community Church  
Student Activity Scholarship Application

*PLEASE COMPLETE THE FOLLOWING AND RETURN TO ASHLEY BUCHER 2 WEEKS PRIOR TO THE EVENT*

Student's name \_\_\_\_\_ Grade \_\_\_\_\_

Parents' name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I am applying for assistance for \_\_\_\_\_  
EVENT

The total cost of this event is \$ \_\_\_\_\_, and I am requesting help with \_\_\_\_\_% of the cost.

Please describe your student's involvement at Valleybrook Community Church:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you believe that it is important for your son / daughter to attend this event?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the situation that causes your need at this time in as much detail as possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

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**STAFF USE ONLY**

Approved amount \_\_\_\_\_ Staff Member \_\_\_\_\_