

Scholarship Application

At EPFMC, we don't want a lack of funds to keep you from attending an event. Please complete the following application, as this helps us determine your need and allows for us to be good stewards with our limited financial resources. Typically, we can provide some form of scholarship on the event. Unfortunately, we are limited in the amount scholarships we are able to offer. All information is confidential and we will make every effort 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 requesting _____

How much will you be able to pay? _____

FOR OFFICE USE:

Date Received: _____

Amnt Paid: _____

Total Scholarship: _____

Aproval: _____

(signed)

(date)