

Robert London Memorial Fund Application for Scholarship

PLEASE PRINT

Applicant's Name _____

* (If under 18 years of age: Parent's/ Guardian's name and information below)

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

.....
If approved, a check may be made payable to:

Name of event _____

Address of event _____

Date of event _____ Cost of event \$ _____ Application deadline _____

.....
Reference _____

What do you hope to get out of this experience?

After prayerful consideration, (my family and) I believe we can contribute the amount of \$ _____ toward the cost of this event.

We request \$ _____ in scholarship funds to be used for this event.

Signature of applicant _____ Date _____

Signature of parent/guardian _____ Date _____

.....
(for office use only)

Approved by Christian Education and Growth Committee: yes/no Date _____

Signature of approval by chair: _____ \$ _____.