



IGNITE EVENT SCHOLARSHIP APPLICATION POLICY

Scholarship Policy

1. Scholarships will be paid out of funds designated for that purpose. Applications will be considered in the order received and on financial need. Scholarships will continue to be awarded until all designated monies have been exhausted. Scholarship funds are limited, so please submit your request as early as possible.
2. Scholarships generally are intended to offset only a portion of the registration fee. Parent/Guardian is responsible to make any required deposit or down payment. The scholarship amount is determined on a case by case basis.
3. This scholarship application is intended for children in 6th - 12th grade.
4. The applicant must complete an application form stating the reason for their request. The statement must include the amount the applicant will pay toward the registration. All personal and financial information is handled in a confidential manner.
5. The child's parent/guardian as well as a Hope Church pastor must sign the form.
6. The application may be submitted by hand-delivering or mailing to the Hope Church office only. Please mark the envelope "Ignite Scholarship Application".
7. In the event scholarship application is incomplete, the applicant will be notified immediately. No further action will be taken until all necessary information has been received.

Event Scholarship Application

Parent Portion

Event Name: _____

Location: _____

Dates: _____

Child's Name: _____

Parent/ Guardian's Name(s): _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Is child living with both parents? _____ If not, with whom: _____

Does your child regularly attend Ignite? Yes No

Has child attended a special Ignite event before? Yes No If yes, when? _____

Has child received scholarship assistance from Hope Church in the last year? Yes No

Event Cost: \$ _____

What is the maximum amount you can contribute toward the event: \$ _____

Please describe the circumstances of your need for financial assistance: *(Use back if necessary)*

My child would benefit from a scholarship because:

Parent/Guardian's signature _____ Date _____

Child Portion

Why do you want to go to this event?

What do you hope to learn?

Pastor's Acknowledgement

I have read the above statement and verify it to be true to the best of my knowledge. I recommend that this child receive scholarship assistance from Hope Church.

Pastor's signature _____ Date _____

<u>Office use only:</u>	
Date application was received _____	
Approved _____	Denied _____
Amount of Scholarship _____	Reason _____
Authorized Signature _____	_____
Date _____	Date _____