



Youth and Children's Ministries Scholarship Application

Student Name: _____ Age: _____ Grade: _____

Parent/Guardian Name(s): _____

Address: _____

Phone: _____

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Event Name (Camp Wapo, Ski Trip, Etc): _____

Event Dates: _____ Event Cost: _____

Shepherd of the Valley's preference is to offer scholarships of no more than one-half of the cost of the event. Other scholarship amounts are available depending on the needs of individual families. Please indicate the level of scholarship support you are requesting below:

___ One-half of the event cost (for retreats, trips, camps)

___ Complete event cost (for events up to \$100)

___ Other _____ (specify amount needed)

We acknowledge that Shepherd of the Valley is assuming some financial responsibility for our student. To be good stewards of SOTV's scholarship funds, we agree to give SOTV adequate notice if our student is unable to participate in this event.

Parent/ Guardian Signature

Date

I acknowledge that I have approved this scholarship request.

Pastor or Director of Youth or Children's Ministry Signature

Date