

St. Rose Parish Event Scholarship Aid Request Form

For better accounting of costs and improved budgeting, our Finance Council has requested that all scholarship requests be made in writing. This form should be included with the application/registration requesting scholarship aid and giving some justification. Thank you.

Event Name: _____ Event Date: _____

Participant Name: _____ Date of Birth: _____

[If Participant is a dependant]

Parent Name: _____ Phones: _____

Family Address: _____

Emails: _____

*Our Ministry is eager to support the growth and development of our participants and leaders. Please know that we welcome your request for a partial scholarship. We want our folks to learn and grow. We ask that all of our participants/families do pay for some of the costs of each event. We ask that you pay what you can. However we also know that the cost of an event or several events in a row can be too much for some families. This form helps us to standardize our scholarship requests so that we can improve our budgeting and tracking processes. Thank you.

SCHOLARSHIP REQUEST:

Event Cost: _____ Amount Paid: _____ Scholarship Request: _____

Date Paid: _____

Reason for Request:

PAYMENT PLAN:

In some cases, families simply need a payment plan to cover the costs. If that is the case, please detail your payment plan below. Please limit time frames to less than a few months. Thank You.

Guardian or Participant Signature

Staff/Approval Signature