

# Youth Ministries Scholarship Application

## Auburn Grace Community Church



Auburn Grace  
Community Church

Please complete the following and return to Terese Coburn in the AGCC office or email to [tcoburn@auburngrace.com](mailto:tcoburn@auburngrace.com).

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/guardian name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

I am applying for assistance for \_\_\_\_\_ (event).

The total cost of this event is \$ \_\_\_\_\_. My family can pay \$ \_\_\_\_\_ and I am requesting help with the remainder of the cost.

### To be completed by student

Why do you want to attend this event?

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### To be completed by parent/guardian

Why do you believe it is important for your student to attend this event?

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Briefly describe the situation that causes your need at this time.

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **AGCC Office Use Only**

Application received: \_\_\_\_\_ Event date(s): \_\_\_\_\_

Approved amount: \$ \_\_\_\_\_ Staff initials: \_\_\_\_\_