



SCHOLARSHIP ASSISTANCE APPLICATION FORM

WESTWOOD YOUTH MSM SUMMER MISSION TRIP > JULY 19–24, 2020

Student's NAME: _____ DATE: _____ GRADE: _____

Has your student been on a trip with our youth ministries before? _____

Have you received scholarship assistance for a trip from us before? _____

Parents' or Guardians' NAMES: _____

Cell Phone: _____ Email: _____

FULL TRIP COST FOR 2020: \$360.00

What is the total amount your family is able to contribute toward the cost of the trip? \$ _____

What date would you be able to pay that amount by? _____

Is your student willing to sell Eileen's Cookie dough to help raise money for the trip? _____

Please describe the circumstances surrounding your need for financial assistance:

***Scholarships are not guaranteed and are awarded according to financial need and resources available due to generous donors. As a part of our scholarship program, your student will be asked to write a thank you note to the donors.**

YOU WILL BE CONTACTED SOON REGARDING YOUR REQUEST FOR ASSISTANCE.

Alternately:

Our family would like to make a donation to help make it possible for others to afford to go. We will give a tax-deductible gift in the amount of: \$ _____