

# Grace Presbytery Youth Ministry Committee

## Application for Scholarship Assistance

Return this form to: Grace Presbytery + Attn: Gary Holloman + 6100 Colwell Blvd., Suite 100 + Irving, Texas 75039-3112

The following guidelines will help applicants know some of the criteria for granting scholarship assistance.

- A. The application form must be filled out completely, and signed by a Pastor, Educator, Youth Director, or Clerk of Session in the applicants home congregation. **It must be submitted 45 days before the start of the conference.**
- B. Assistance will not normally exceed 1/3<sup>rd</sup> of the program fee.
- C. Applicant must be registered and supply a copy of conference registration with this application.
- D. Applications will be considered on a case-by-case basis and exceptional needs will be given special consideration.
- E. Funds for awarded scholarships will be issued to the host conference.
- F. Event Priorities will be in this order:
  - 1. Grace Presbytery sponsored youth events (SHYC, Youthquakes, other)
  - 2. Presbyterian Youth Triennium
  - 3. PCUSA Denominational Events
  - 4. Synod Youth Workshop
  - 5. Mo-Ranch (Jr. High Jubilee, Mo-TLC, Sr. High Celebration, College Connection)
  - 6. Other events as deemed appropriate
- G. Funds are limited. Assistance will be granted on a "first come" basis.

NAME and LOCATION of EVENT: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ COST OF EVENT: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

AMOUNT OF FINANCIAL ASSISTANCE REQUESTED: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

### FOR CHURCH ONLY:

Have church scholarship funds been requested for the applicant named above? \_\_\_\_\_ Amount of assistance granted: \_\_\_\_\_

Have conference scholarship funds been requested for the applicant named above? \_\_\_\_\_ Amount of assistance granted: \_\_\_\_\_

Church Requesting: \_\_\_\_\_ City: \_\_\_\_\_

SIGNATURE OF PASTOR, EDUCATOR, YOUTH DIRECTOR, CLERK OF SESSION \_\_\_\_\_

### PERSON COMPLETING APPLICATION/REQUESTING SCHOLARSHIP ASSISTANCE:

NAME (Please Print): \_\_\_\_\_ SIGNATURE \_\_\_\_\_

RELATION TO APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DATE: \_\_\_\_\_

Additional comments or information may be recorded on the reverse side of this form.

**FOR PRESBYTERY USE:**

Date Received: \_\_\_\_\_

Amount Granted: \$ \_\_\_\_\_ from \_\_\_\_\_ Fund

Authorization: \_\_\_\_\_

Date Approved: \_\_\_\_\_