

SAPC Youth  
Scholarship Application Request Form

Please fill out and return to Anne's box in the main office

Name of Conference, Retreat or Trip-

\_\_\_\_\_

Date of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Total Cost of Event: \$ \_\_\_\_\_

Scholarship Amount requested:

½ Of Total Cost: \$ \_\_\_\_\_

Partial Amount Of: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

Parents' Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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**Office use only:**

Amount approved: \$ \_\_\_\_\_

Account: # \_\_\_\_\_

Approved Signature: \_\_\_\_\_