



### Scholarship Request

Please **fully** complete one form per student



Student Name: \_\_\_\_\_

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

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

Dad Cell #: \_\_\_\_\_ Mom Cell #: \_\_\_\_\_

Event Cost: \$ \_\_\_\_\_

Additional Scholarship Requested: \$ \_\_\_\_\_ Family Contribution: \$ \_\_\_\_\_

Has the student received scholarship in the past? y/n *circle one*

If yes, when? \_\_\_\_\_

If additional funds are requested, what are your plans for costs of future events?

\_\_\_\_\_

\_\_\_\_\_

Do you need budgeting help? y/n *circle one*

Parent/Guardian Signature: \_\_\_\_\_

**COMPLETING THIS FORM DOES NOT GUARANTEE ADDITIONAL SCHOLARSHIP FUNDS**

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Amount Granted: \$ \_\_\_\_\_

Staff Signature: \_\_\_\_\_

931 Norman Ave. N., Foley, MN 56329 ♦ 320.968.7796 ♦ www.newlifefoley.com



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