



# MTN VIEW STUDENT MINISTRIES

Real.  
Relational.  
Relevant.  
Radical.  
Revolutionary.

## SCHOLARSHIP REQUEST FORM

Family (Last) Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City, ST ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Student Name	Event	Date(s)	Total Cost	Amount Requested
TOTAL				

### What type of repayment plan would work for you?

- I would like to make payments in the amount of: \$ \_\_\_\_\_ / month.
- My student(s) would like to perform volunteer work as repayment.
- Neither of the above situations will work for us.

### Please describe the specific circumstances which necessitate scholarship:

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\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature & Date