



P A R K V I E W
STUDENTS

Scholarship Application

*Please take the time to read through this form carefully and respond to all the questions!
Return this completed form to Alison DeJong two weeks prior to the scheduled event.*

Section 1: Applicant Information

Name: _____ Phone: _____

Event: _____ Dates: _____

Event Cost: _____ How much can you pay? _____ How much do you need? _____

Are you willing to work at Parkview to earn your scholarship? _____

You will have an opportunity to earn all or part of your scholarship on 1/13/12.

Section 2: Goal Setting

What do you hope to get out of this event?

How do you plan to use this event for developing your relationship with God?

Please note:

- **Parkview does not provide scholarship funds for event deposits.**
- I understand that scholarships will be awarded based on need and at the discretion of Parkview Community Church leadership.

Signature of Student: _____ Date: _____

Signature of Parent: _____ Date: _____

For official use only:

Accepted _____

Denied _____