

**Faith Community Church**  
**Scholarship Assistance Request Form**

It is our desire that any individual who wants to participate in any Faith Community Church sponsored ministry function is able to do so without money being an issue. This request form helps us assist families. Thank you for taking the time to complete it. When completed, please submit to the Director of the Ministry providing the event.

Today's Date \_\_\_\_\_ Participant's Name \_\_\_\_\_

If Participant is under 18, Parent's Name \_\_\_\_\_

Event or Course Name \_\_\_\_\_ Date \_\_\_\_\_ Cost \_\_\_\_\_

How much are you able to contribute? \_\_\_\_\_ By what date? \_\_\_\_\_

Amount of financial assistance requested \_\_\_\_\_

**1. CONFIDENTIAL:** In order for us to best serve you, briefly describe your situation that requires the need for financial assistance.

2. Have you received financial assistance in the last 12 months? \_\_\_ Yes \_\_\_ No

If yes, for what event(s)/ course(s)? \_\_\_\_\_ For what amount? \_\_\_\_\_

3. Are you currently involved at Faith Community Church in any of the following?

a. Currently an active attendee at Faith Community Church? Yes\_\_\_ No\_\_\_

b. Currently a member of a Faith Community Church small group? Yes \_\_\_ No\_\_\_

c. If a member of a small group, who is the leader? \_\_\_\_\_

d. Currently serving regularly in a Faith Community Church ministry? Yes\_\_\_ No \_\_\_

e. If you are not serving regularly, are you willing to contribute to Faith Community Church by periodically serving in a Faith Community Church ministry? Yes \_\_\_ No \_\_\_\_\_

f. If willing to serve periodically, please tell us what areas you may prefer (i.e. office, adult ministry, children's ministry, childcare, student ministry, maintenance or cleaning, hospitality, meal preparation, etc.)? Your preferences will be shared with our Equipping Director

\_\_\_\_\_

Signature of requesting individual \_\_\_\_\_

Signature of Requesting Ministry Director or Designee \_\_\_\_\_

**OFFICE USE ONLY:**

Amount of assistance given: \_\_\_\_\_ willing to be contacted to serve? \_\_\_ Yes \_\_\_ No

Signatures: Ministry Director \_\_\_\_\_ Executive Director \_\_\_\_\_