



Student Financial Assistance Application Form

Date: _____ Student's Name: _____ Applicant's Name: _____

Phone: (____) _____ Email: _____

Address: _____ State: _____ Zip: _____

1. Is this for your family or someone else? _____

Youth event/trip: _____ *Dates of event: _____

(Youth events include: Jr High Winter Camp, Sr High Winter Camp, Mission Trips, Jr High Forest Home summer camp-Creekside, High School Forest Home summer camp-Lakeview)

What is the total cost for the event? \$ _____

Amount of financial assistance needed? \$ _____

2. Please explain the reason(s) for the scholarship request: _____

3. Have you (or the person you're applying for) received scholarship assistance before?

No Yes If yes, how much and when? _____

4. Anything else that would be helpful in assessing your request?

*Note all forms will be held confidentially by Pastor Matt and the information (no names) with a scholarship assistance administration team. Please submit 30 days before trip.

**Any students receiving assistance will be asked to submit a brief reflection (also anonymous) on the highlights of their experience to be shared with supporters

I can attest that all of the above information is true to the best of my knowledge:

Signature: _____

Date: _____

For Office Use Only:

Event:

Total Cost: \$

Scholarship Amount:



Please send completed applications to: Monte Vista Church, 3797 Lynn Rd, Newbury Park, CA Phone: (805) 498-8213, Attn: Pastor Matt Elam, Email: matt.elam@montevistanp.church