

Student Financial Assistance Application Form

Date: Student's Name:				Applicant's Name:		
Phone: () Email: _						<u> </u>
Ad	dress:			State:	Zip:	
1. Is this for your family or someone else?						
Youth event/trip: Forest Home Summer Camp				*Dates of eve	ent: <u>July 7</u>	7-12 th , 2024
(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)						
Wha	at is the total cos	t for the event?	\$ <u>595</u>			
Amo	ount of financial	assistance needed?	\$	<u></u>		
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.						
**Students receiving assistance will be asked to submit a brief reflection (also anonymous) on the their experience, shared with supporters of Monte Vista youth and Old Boney Mountain Foundation						
I can attest that all of the above information is true to the best of my knowledge:						
					_	
Sig	nature:	: Date:				
For Office Use Only:						Some Vista Youth Ministries
	Event:	Total Cost: \$	S	cholarship Amoun	t:	