



# Scholarship Application

Palms Baptist Church · 5285 Adobe Rd/PO Box 442 · Twentynine Palms · CA 92277

760-367-3713 · [www.palmsbaptistchurch.org](http://www.palmsbaptistchurch.org)

Parents' Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Scholarship(s) needed for following children:

Name \_\_\_\_\_ Club \_\_\_\_\_

Name \_\_\_\_\_ Club \_\_\_\_\_

Name \_\_\_\_\_ Club \_\_\_\_\_

Name \_\_\_\_\_ Club \_\_\_\_\_

Name \_\_\_\_\_ Club \_\_\_\_\_

Name \_\_\_\_\_ Club \_\_\_\_\_

Is a full or partial scholarship being requested? \_\_\_\_\_

I understand that I am requesting a scholarship from Palms Baptist Church due to the cost of the AWANA program causing a financial hardship to my family at this time. In accepting a scholarship, I am agreeing to keep my child(ren) involved in the AWANA club for the remainder of this year's program.

Signature \_\_\_\_\_ Date \_\_\_\_\_