

Faith Lutheran Church VBS Scholarship Application



PLEASE COMPLETE ALL QUESTIONS

CONTACT INFORMATION

Name: _____

Second/Third names: _____

Parent/Guardian Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Cost of Camp Program your child is attending: _____

SCHOLARSHIP INFORMATION

1. Have you received a scholarship from Faith Lutheran in the past? _____

2. Total number of children going to VBS: _____

3. How much are you able to pay for VBS? _____

4. Scholarship amount you are requesting: _____

5. How will your child benefit from going to VBS? _____

Parent/Guardian signature _____

Please return this form with a copy of your VBS registration form.

If you have any questions – please contact the church office at office@faithspicer.org or 320-796-2522.