Youth Ministry Scholarship Request Form Use this form to apply for select youth ministry programs. Please note that spaces are limited and offered on a first-come, first-served basis. STEP 1: YOUTH INFORMATION QUINCY, IL NAME (FIRST, LAST) All youth must also complete the annual youth ministry registration form. Please fill out each form **BIRTHDATE GENDER** AGE completely to ensure staff have the necessary YOUTH SCHOOL **RACE** GRADE information. Mark N/A where items are not applicable. YOUTH LIVES WITH (CUSTODIAL PARENT/GUARDIAN) SPECIAL ACCOMODATIONS STEP 2: PARENT/GUARDIAN(S) INFORMATION PLEASE LIST IF APPLICABLE (Contact the Specialist PRIMARY PHONE to ensure needs can be appropriately met) WORK PHONE **ADDRESS** CITY STATE ZIP **EMAIL** INTERNAL USE ONLY NAME PRIMARY PHONE WORK PHONE DATE **ADDRESS** BY WHOM CITY STATE ZIP EMAIL NOTES_ STEP 3: YOUTH PROGRAM INFORMATION Please check the programs your youth is registering for. CHECK HERE CHECK HERE **PROGRAM PROGRAM** TO REGISTER TO REGISTER Camp Kroc: Summer, Mon-Fri 8am-5pm, Grades K-6 Kroc Academy: School Year, Mon-Fri 2-6pm, Grades K-6 School's Out Day Camp: 8am-5pm, Grades K-6 Other:

STEP 4: DEADLINE & NOTIFICATIONS

ncomplete applications or failure to provide the required proof of income will result in applications NOT BEING PROCESSED. Please submit all of the required
documentations to the welcome desk on or before the deadline listed. Applications may not be accepted after this date. Completed applications will receive a phone call
rom the Youth Development and Outreach Specialist indicating whether the scholarship has been awarded or denied. Afterwards the youth's name will be added to a
ist located at the welcome and control desk.

	PARENT/GUARDIAN SIGNATURE		DATE
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Proof of income is required. (Example: current tax return or two consecutive pay stubs; or benefits statement for AFDC, SSI, child support; or letter from employer on company letterhead; o retirement benefits letter, or disability or social security award letter.					
Please describe why you are applying for assist	ance.				

PARENT/GUARDIAN SIGNATURE______ DATE_____

STEP 5: DOCUMENTATION