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 INFO | DAMATION | | CORPS COMMUNITY CENTER QUINCY, IL | |
|----------------------------------|-----------------------|-------|--|--|
| 31EF 1: TOUTH INFO | RMATION | | ₩ ŒHVEI, IL | |
| NAME (FIRST, LAST) | | | All youth must also complete the annual youth | |
| BIRTHDATE | GENDER | AGE | ministry registration form. Please fill out each form | |
| YOUTH SCHOOL | RACE | GRADE | completely to ensure staff have the necessary information. Mark N/A where items are not | |
| YOUTH LIVES WITH (CUSTODIAL PARE | ent/Guardian) | | applicable. | |
| | | | SPECIAL ACCOMODATIONS | |
| SIEP 2: PARENI/GUA | ARDIAN(S) INFORMATION | | DIEASELISTIE ADDITCADIE (Controt the Superiorist | |
| NAME | PRIMARY PHONE | | PLEASE LIST IF APPLICABLE (Contact the Specialis to ensure needs can be appropriately met) | |
| WORK PHONE | | | | |
| ADDRESS | | | | |
| CITY | STATE | ZIP | ! | |
| EMAIL | | | _! | |
| | | | INTERNAL USE ONLY | |
| NAME | PRIMARY PHONE | | ; | |
| WORK PHONE | | | * DATE | |
| ADDRESS | | | | |
| CITY | STATE | ZIP | BY WHOM | |
| EMAIL | | | NOTES | |
| | | | | |
| | | | | |

STEP 3: YOUTH PROGRAM INFORMATION

Please check the programs your youth is registering for.

| PROGRAM | CHECK HERE TO REGISTER | PROGRAM | CHECK HERE TO REGISTER |
|--|---------------------------|---|---------------------------|
| Camp Kroc: Summer, Mon-Fri 7am-6pm, Grades K-6 | | Kroc Academy: School Year, Mon-Fri 2:30-6pm, Grades K-6 | |
| School's Out Day Camp: 7am-6pm, Grades K-6 | | Other: | |

STEP 4: DEADLINE & NOTIFICATIONS

Incomplete 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 from 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 list located at the welcome and control desk.

| PARENT/GUARDIAN SIGNATURE | DATE |
|---------------------------|------|
|---------------------------|------|

| retirement benefits letter, or disability or social security award letter, or a copy of the child's Medicaid card.) | | | | | |
|---|--|--|--|--|--|
| Please describe why you are applying for assistance. | | | | | |
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PARENT/GUARDIAN SIGNATURE_____

STEP 5: DOCUMENTATION

DATE_____