

Scholarship Application
Noble First Baptist Student Ministries

Student's Name _____ Grade _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ School _____

Are you a member of Noble FBC? _____

 If yes, how many times a month do you attend? _____

 If no, what church do you normally attend? _____

Father's Name _____

Mother's Name _____

Event for which application is being made: _____

 Announced Cost of the Event \$ _____

 Amount you can pay \$ _____

 Amount desired by applicant \$ _____

 Would you be interested in working/helping (prior to, during, or after event) as a form of compensation? _____

Please list any prayer requests or other information you wish to share or please feel free to speak with the Youth Minister.

I authorize this information to be correct.

Student's Signature _____

Parent's Signature _____

(This application must be filled out completely and turned in by registration deadline to be considered for a scholarship.)