

St. Mark's Youth Ministry Scholarship Request Form

Name: _____

Event: _____

Total Expense of Event: _____

Scholarship Amount Requested: _____

(we are eager to assist, however please note that we do not provide full scholarships)

Please share why you would like to attend this event/activity:

Signature of Parent: _____

Signature of Student: _____

Date: _____

***When completed, please email or return this
to Jody Skogen (jskogen@faith-life.org)
Thank you!***