



THORNAPPLE

COVENANT CHURCH

Scholarship Request Form

Name of Participant: _____

Event/Camp Requesting Scholarship for: _____

Cost of Event/Camp: _____

Participant's Contribution: _____

Please enter the amount your family is able to contribute

Scholarship Amount Requested: _____

Member/Regular Attender of Thornapple Covenant Church: ___ yes ___ no

Contact Information:

Participant/Parent/Guardian Name: _____

Phone #: _____ e-mail: _____

Address to send scholarship money if NOT a Thornapple event or camp

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Contact Person: _____

Check payable to: _____

Please submit this form to Pastor Karen Ingebretson (kingebretson@thornapple.org)