

Youth Activity Scholarship Application Form

Sabetha Methodist Church : Sabetha, KS

Youth Information:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell _____

Date of Birth _____ Current Grade _____

Parent Information:

Mother _____

Father _____

Address _____

Address _____

Telephone _____

Telephone _____

Place of Employment _____

Employment _____

Event for which this application is being submitted:

_____ Summer Camp _____ Winter Camp _____ Other: _____

Date(s) of Event: _____ Location: _____

Total cost of Event: _____ Amount seeking: _____ Full _____ Half _____ Other:\$_____

Do you regularly attend:

Sunday School YES NO

Sunday Worship Services YES NO

Wednesday Youth Activities YES NO

Youth Signature _____ Date _____

Parent Signature _____ Date _____

**Please use the space on the back of this form to answer the question: What does going to this youth event mean to you?