



SCHOLARSHIP REQUEST FORM

Date: _____

Event/Program requesting assistance for: _____

Please check which ministry is facilitating this event:

___ Adults ___ Children (through grade 5) ___ Youth (grades 6-12)

Participant Name: _____ grade (if apply) _____

Parent/Guardian name(if participant is a minor): _____

Phone: _____ Email: _____

Total event/program cost: \$ _____

Requested scholarship amount: \$ _____

*Calvin will make every attempt to facilitate anyone being involved in an event or program. With that said, Calvin holds the right to return to the requester with an adjusted offer of support. To maintain integrity a team will review requests. Please allow time to process requests by **submitting requests no less than 14 days prior to the start of the event/program.***

*Submit requests to the Calvin office:
Adult requests to Kimberly Crispeno, kimberly@calvinpc.org
Children requests to Karen Kirkman, children@calvinpc.org
Youth requests to Josh McCorkle, youth@calvinpc.org*

18826 3rd Ave NW Shoreline, WA 98177 - 206.542.6181

Participant (if 18+)/Parent/Guardian Signature: _____

Date: _____

Form below for Calvin processing use only

Date request received: _____ Date requester notified: _____

Scholarship amount approved: \$ _____

Ministry Leader signature: _____ Date: _____