

FBCG Students Scholarship Application

Name: _____

Address: _____

Parent/Guardian Name(s): _____

Do you usually attend First Baptist Graham? Yes No

If no, where do you usually attend when you go to church? _____

Have you attended an event with FBCG Students before? Yes No. If yes, what event and when? _____

We ask that everyone pay something and to pay what they can to attend. How much will you be able to pay? \$_____

Please share the circumstances contributing to your need for a scholarship:

How would you like for us to contact you regarding the scholarship need? Phone Email

Preferred phone number or email address

Please return application to the youth ministry office and you can complete registration online at www.602ministries.com in the payment option, choose "Pay in Person". Scholarship applications will be kept confidential and only be seen by the youth staff.

Parent/Guardian Signature

Signature of Student

Date