



# SCHOLARSHIP ASSISTANCE APPLICATION FORM

WESTWOOD YOUTH MSM SUMMER MISSION TRIP > JULY 23-28, 2024

Student's NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

Has your student been on a trip with our youth ministries before? \_\_\_\_\_

Have you received scholarship assistance for a trip from us before? \_\_\_\_\_

Parents' or Guardians' NAMES: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

FULL TRIP COST FOR 2024: \$450.00

What is the total amount your family is able to contribute toward the cost of the trip? \$ \_\_\_\_\_

What date would you be able to pay that amount by? \_\_\_\_\_

Is your student willing to sell Eileen's Cookie dough to help raise money for the trip? \_\_\_\_\_

Please describe the circumstances surrounding your need for financial assistance:

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**\*Scholarships are not guaranteed and are awarded according to financial need and resources available due to generous donors. As a part of our scholarship program, your student will be asked to write a thank you note to the donors.**

YOU WILL BE CONTACTED SOON REGARDING YOUR REQUEST FOR ASSISTANCE.

## Alternately:

Our family would like to make a donation to help make it possible for others to afford to go. We will give a tax-deductible gift in the amount of: \$ \_\_\_\_\_