



## SCHOLARSHIP REQUEST FORM

Scholarship is for: DC \_\_\_\_\_ LA \_\_\_\_\_

Scholarship will cover \_\_\_\_\_ registrations

We can afford to pay \$ \_\_\_\_\_ towards the registration fee

Name of contact person: \_\_\_\_\_

Contact email: \_\_\_\_\_

Contact cell phone: \_\_\_\_\_

Church/Org. name: \_\_\_\_\_

Church/Org. address: \_\_\_\_\_

\_\_\_\_\_

Church phone: \_\_\_\_\_

Tell us a bit about your ministry and why you're applying for a scholarship?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MAIL OR FAX TO:

Youth Specialties, 300 S. Pierce St., El Cajon, CA 92020; Fax 619-440-8542