



SCHOLARSHIP APPLICATION

Child Name(s): _____ Grade(s): _____

Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Are you actively involved with a church? If so, where? _____

Amount of Scholarship Requested: _____

Please tell us about the circumstances that affect your family's financial situation:

**Scholarships will be awarded based on need and availability of funds; only the scholarship committee will see this form.*

**To submit this form: email roxanne.boyer@stjohnmansfield.org or deliver to the church office at 1218 E Debbie Ln Mansfield, TX 76063*