



Application for Student Ministry Scholarship

Student Name: _____ Date: _____

Youth Trip: _____

Parent(s) Name: _____

Parent email: _____

Phone Number: _____

Are parents members of McEachern Methodist? yes no

Has the student completed confirmation? yes no

Has the student been informed of request for scholarship? yes no

If yes, please have the student write a short paragraph below explaining his/her reasons for wanting to attend this trip.

Cost of trip: _____

Amount of scholarship requested? Full Partial

If partial, what amount are you requesting? _____

Please return this application to:

Student Ministry, Attn: Jason Jordan or jason@mceachernumc.org.

You will be notified of any scholarship awarded. For questions, contact Jason at 770.943.3008 ext. 5004.



McEachern Memorial
A United Methodist Church
www.mceachernumc.org