

STUDENT SCHOLARSHIP REQUEST

This form is for FBC St Charles student events/camps/trips scholarships only

Parent profile:

Name: _____

Email: _____

Contact Phone: _____

Student Name: _____ D.O.B: _____

Please list the name/date/cost of the camp/event/trip he or she is needing assistance with...

What portion of the cost are you needing in scholarship funds?
