

Children's and Student Ministries Partial Scholarship Application

Date of Application:		
Event that you are requesting financial aid for	or:	
Name of Person Completing the Request: _		
Phone:	Relationship:	
Please complete this form (one participant per financial aid. We want every child/student to be to award partial financial aid as the funds are event cost. You will be contacted approximatel availability and qualifications. Any questions, cal	application) with as much inform able to attend our ministry events made available. Our typical respo by four weeks prior to the start or	ration as possible to assist us in awarding regardless of finances. We will do our bestonse to a need is to award up to half of the fithe event with an answer based on fund
General Information: Participant Name:		
Address:	City:	Zip:
Phone Number:		
Parent's Name(s):		
Daytime Phone Number:		Best Time To Call:
IMPORTANT NOTCE: If awarded a scholarship and the child/student d awards/requests may be denied. Once a reque committed to the event account and financial o back the awarded funds to the scholarship account.	est is awarded, the money is tranbligations are in place for HCC.	nsferred from the scholarship account and
REQUIRED: The amount you or other sources ((We ask that all additional possible sources of funding by		
Is there any other helpful information that you wo	ould like to share with us:	
Do you currently have an HCC Online Registration	on Account? ☐ Yes ☐ No	
Have you already registered for this event and p	aid the deposit online? ☐ Yes	□ No
If not, we will need to establish an online accoun	t for you upon approval.	
Parent/Guardian email (for use as login):(If this is your first time using online registration a temporal part of the control of the co	orary password will be sent to you via t	he email ID you provided above.)
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