



### First Mt. Juliet Scholarship Application

At First Mt. Juliet, we never want the cost of a ministry event to hinder kids or students from participating. We have funds and scholarships available for those that are in need. Please complete this request and submit it to the proper ministry team.

Once you submit this Scholarship Application, a Ministry Team Member will contact you to discuss your request. We aim to help as many families as possible. Please request the funds *needed* not just *desired*. This is a request, not a guarantee. Once we discuss this application, we will determine a scholarship amount for your family. Both parties will sign below on the agreed upon terms of the scholarship.

If you have any questions, contact us at [kids@fbcmj.org](mailto:kids@fbcmj.org) or [students@fbcmj.org](mailto:students@fbcmj.org) or call the church office at 615-754-2525.

|  |         |  |  |
|--|---------|--|--|
| Kid's/Student's First Name:  |         | Kid's/Student's Last Name:                       |  |
| Gender:  | School: | Grade (currently in or most recently completed): |  |
| Street Address:  |         | City, State, Zip Code:                           |  |
| Parent/Guardian's First and Last Name:   |         |  |  |
| Parent/Guardian's Phone:   |         | Parent/Guardian's Email:                         |  |
| Parent/Guardian's First and Last Name:   |         |  |  |
| Parent/Guardian's Phone:   |         | Parent/Guardian's Email:                         |  |
| <b>What Ministry Event are you wanting to attend?</b><br><br><input type="checkbox"/> <b>Crossings Camp for Kids</b> <input type="checkbox"/> <b>Student Summer Camp</b> |         |  |  |

**\*\*See next page to complete application!**



Total cost of this ministry event: \_\_\_\_\_

Amount you are requesting for a scholarship: \_\_\_\_\_

Amount you are able to pay toward total cost: \_\_\_\_\_

**Explanation: Briefly share the reason for the scholarship request. Attach additional paper if necessary.**

**For OFFICE USE (Ministry Team) Only:**

Ministry Team Member: \_\_\_\_\_

Amount of scholarship awarded: \_\_\_\_\_

Amount remaining due from family: \_\_\_\_\_

Date(s) payments are due: \_\_\_\_\_

Additional Notes:

Signature of Family: \_\_\_\_\_

Signature of Ministry Team Member: \_\_\_\_\_

OFFICE USE: Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ministry Team Member: \_\_\_\_\_