



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 <u>in need</u>. 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 <u>kids@fbcmj.org</u> or <u>students@fbcmj.org</u> or call the church office at 615-754-2525.

Kid's/Student's First Name:		Kid's/Student's Last Name:	
Gender:	School:	Grade:	
Street Address:	I	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:	
What Ministry	Event are you wanting to	o attend?	
Student M	Iinistry Fall Retreat	Other	

OFFICE USE: Date Submitted: ____/___ Ministry Team Member: ____

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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: