

Cedar Campus

(an InterVarsity Christian Fellowship Training Center)

APPLICATION FOR SCHOLARSHIP for CEDAR CAMPUS PROGRAMS

Please complete this form and send it to **Cedar Campus, P.O. Box 425, Cedarville, MI 49719**. You will be notified regarding your scholarship request.

Please print all information clearly.

EVENT YOU WISH TO ATTEND: _____

Name _____

Spouse's Name _____

Street Address _____

Children attending with you (with ages):

City _____ State _____ Zip _____

Home Phone (_____) _____

Email _____

Reason(s) for requesting this scholarship:

What other sources have you contacted for help?

Amount requested: \$ _____

Signature _____ Date _____

FOR OFFICE USE

Amount approved: \$ _____ By _____

Account to be charged: _____ Account # _____