

Illuminate Student Ministries

Z.E.A.L. Winter Retreat Scholarship Application Form

Applicant's Name: _____

Parent/Guardian's Name: _____

Applicant's Cell: _____ **Home Cell:** _____

Parent/Guardian's Cell: _____

Applicant's Email: _____

Parent/Guardian's Email: _____

We are so excited that you can attend our 2024 Winter Retreat! We never want money to be a factor in your spiritual walk and experience in Youth Group. If you have questions at any point in this process, please contact Isaac Franks (cell number below).

Scholarship Amount

When applying for a scholarship, we ask that every family gives whatever they can, whether it's \$20 or \$5. The amount for this scholarship will be the full amount per student subtracted from what your family was able to provide.

The full amount for one student: **\$165**

The amount the applicant can provide: \$ _____

The final amount needed in the scholarship:

(Full Amt - Applicant's Payment =) \$ _____

Participation Forms

For you/your child to attend this retreat, they must have filled out both the retreat permission form and their youth group consent form. By checking the box below, you are stating that you understand that this application cannot be fulfilled by Illuminate Student Ministries until those forms are completed.

I understand that both Consent and Permission forms need to be completed.

Illuminate Student Ministries
New Hope Church
969 Blachleyville Road, Wooster, Ohio 44691
Student Director: Isaac Franks (330-621-8157)

Failure to Attend

In the situation that you receive a scholarship and are *unable* to attend this trip, please provide a valid reason for not attending in advance so that we may use this scholarship money for another student's attendance.

Commitment of Applicant

By signing and turning in this application, you, as a student, are committing to; 1) Your attendance and participation at *Z.E.A.L. Winter Retreat*, and 2) After the event, you will write a thank you card to the donor(s) for your scholarship.

Signature of Student

Printed name of Student

Date

Commitment of Parent/Guardian

As the parent/guardian of the student, we ask that you ensure your child's attendance and preparation for the trip. By signing this application, you are guaranteeing your cooperation and support in their attendance, as well as agreeing to everything stated in this application.

Signature of Parent or Legal Guardian

Printed name of Parent or Guardian

Date

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