

Presbytery of San Gabriel

Scholarship Request Form

Name: _____

Address: _____

Phone: _____

Email: _____

Church: _____

I am requesting a scholarship for: _____

Amount of scholarship requested: \$ _____

Contact person/Ministry Team for scholarship: _____

Signature: _____ Date: _____

[For office use only]

Person approving scholarship (print name): _____

Ministry Team: _____

Scholarship amount approved: \$ _____

Signature: _____ Date: _____