

Zephyr Point Presbyterian Conference Center PROGRAM SCHOLARSHIP APPLICATION Information provided on this application will be kept confidential.

APPLICANT INFORMATION				
Participant Name:		Program Attending:		
For Participants under 18 - Parent/Guardian Name (Print):				
Address:				
City:	State:		ZIP Code:	
Home Phone:	Cell Phone:		Email:	
FINANCIAL				
Total Number in Household:				
Please provide a description of the participant's financial need or other special circumstances (If more space is needed, please use back of this page.)				
Maximum scholarship is one half of the total program cost. Why or why not?				
Will the participant be able to attend Zephyr Point if partial scholarship is not received? YES NO				
Has the participant been to Zephyr Point If "YES". Please list year/s and what program you/they attended: before?				
YES NO				
CHURCH AFFILIATION (IF APPLICABLE)				
Church Name: Phone Number:				
Address:				
City: State: Zip Code:				
Will the Church be providing financial assistance?: YES NO If "YES" what is the amount: \$				
Name of the person at the church who is authorizing that	nt amount:			
Registrar/Pastor Name (Print): Registrar/Pastor Name Signature:				Date:
Registrar/Pastor Email:				
SIGNATURE				
I, the undersigned, do verify that I have completed this form to the best of my ability. I understand that scholarships are awarded based on need, merit, and timeliness. I understand that scholarships may cover up to half of the tuition and that I am responsible for the remaining balance due 14 days prior to the program start date.				
Scholarship Applicant or Parent/ Guardian Signature:				Date:
Zephyr Point Program Representative:				Date:
Zephyr Point Executive Director Signature:				Date:

Thank you for your application. You will receive an email detailing scholarship receipt and the awarded amount within two weeks of receiving your application. Please verify that the email above is correct.