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Guardian Angels  
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## Scholarship Request Form

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NAME: \_\_\_\_\_

PARENT NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I would like to participate in the following activity: \_\_\_\_\_

I am able to pay/contribute \$ \_\_\_\_\_ to the \$ \_\_\_\_\_ cost of participation.

I am requesting \$ \_\_\_\_\_ of financial support from Guardian Angels Youth Ministry.

I wish to participate in this activity because:

Will you be able to participate in this activity without financial support?  YES  NO

Please explain:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

..... OFFICE USE ONLY .....

Youth Minister Recommendation:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_