



Wall Highway Baptist Church Children's Ministry Scholarship Form

Please fill out this application completely. Once completed, return to the church office or to the Children's Pastor for review. After the form has been reviewed, you will be contacted. Please understand that we will keep information as confidential as possible and will only be discussed with the necessary individuals.

Child's Name _____

Age _____ Grade _____ School Attended _____

Father's Name _____

Address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Mother's Name _____

Address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Are you a member of WHBC? _____ If no, indicate where your church membership is held or where you are currently attending. _____

Does your child participate in any of the following ministries at WHBC? Circle all that apply.

Sunday School Children's Church Awana Choir Upward Sunday Night Activities

What activity is the scholarship for? _____

What scholarship amount are you applying for? _____

Please tell us about the reason and need that you are applying for this scholarship? _____

Does the child have a desire to participate in the event? _____