## **2020 Fusion Scholarship Request**

Campus: □ Pellissippi □ Blount □ North Knox □ Anderson □ Farragut			
First Student Name			Any allergies
Gender Grade Small Group Lea		Small Group Leader	
Second Student Name			Any allergies
Gender Grade Small Group Leader			
		<u> </u>	
Third Student Name			Any allergies
		Small Group Leader	
		-	
	be completed by a pa	rent or guardian*	
		Student Ministry Schola	rship Application
follow financ confid	ring application, as this cial resources. Unfortun lential. The Scholarship	nelps us determine your need and alle ately, we are limited in the amount o	u from attending an event. Please complete the ows for us to be good stewards with our limited of scholarships we are able to offer. All information is you will be notified as to the amount of your
Conta	act Information (all in	formation is mandatory):	
Parent(s) Name:			Phone:
Addre	ess:		
City/S	State/Zip:		
Email	<b>!</b>		
Schola 1.		circumstances in your family that ha	ve resulted in your need for financial assistance (loss of
2.		ttended Faith Promise? ow did you hear about the event?	Are you a member? yes no
3.		p requested per student?	
4.			
5. 6.			
			For office use only:
(signed)		(date)	Date received:
			Amount paid:
Please	e return completed form	to the	Total scholarship: Approval:
	nt Ministries Office,		Approvai.
Fax 8	65-483-1537		
fpsglobal@faithpromise.org			Total paid back: