## **2019 Fusion Scholarship Request**

Campt	JS: □ Pellissippi □ Bio	unt □ North Knox □ Anderson □Campbell □Farragut	
First St	udent Name	Any allergies	
Gender	Grade S	mall Group Leader	
Second	Student Name	Any allergies	
		mall Group Leader	
Conuci			
Third S	tudent Name	Any allergies	
		all Group Leader	
	e completed by a paren		
	9	tudent Ministry Scholarship Application	
followir financia confide	ng application, as this helps al resources. Unfortunately	want a lack of funds to keep you from attending an event. Please complete the us determine your need and allows for us to be good stewards with our limited we are limited in the amount of scholarships we are able to offer. All informate will review all applications and you will be notified as to the amount of your gibility via email or phone.	
Contac	ct Information (all inform	ation is mandatory):	
Parent(s) Name:		Phone:	
Address	s:		
City/Sta	ate/Zip:		
City/Sta Email:_	ship Information: Are there any special circu		(loss of
City/Sta Email:_ Scholar	ship Information: Are there any special circujob, illness, etc.)? How long have you attended.	mstances in your family that have resulted in your need for financial assistance	(loss of
City/Sta Email:_ Scholar 1.	ship Information: Are there any special circujob, illness, etc.)? How long have you attend If you don't attend, how of Amount of scholarship recommends.	mstances in your family that have resulted in your need for financial assistance  ed Faith Promise? Are you a member? yes no id you hear about the event? uested per student? \$25 \$50	(loss of
City/Sta Email:_ Scholar 1. 2. 3. 4.	ship Information: Are there any special circujob, illness, etc.)? How long have you attend If you don't attend, how don't attend, how don't are you involved in any or	mstances in your family that have resulted in your need for financial assistance  ed Faith Promise? Are you a member? yes no id you hear about the event?  uested per student? \$25 \$50  ner ministries at Faith Promise?	(loss of
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