



Scholarship Fund Request Form

Scholarship funds must be requested by the FCCW participant. The request may be made for the entire or partial cost of the event/item. Funds for scholarships are limited so that the requestors should be aware that the FCCW Board of Trustees encourages the recipient to contribute at least 10% to 20% towards the cost. Prudent use of scholarship funds will help to ensure that all those who need assistance will receive it.

{Please Print}

I _____ / _____
Recipient's Name *Recipient's street address* *state/zip*

am requesting \$_____ of the total cost of \$_____

for the _____, on _____.
Event OR Item *Date of Event, if applicable*

I am a participant of the _____ fellowship, in _____,
Fellowship's Parish Name *City, State*

Provide a brief explanation for request (ex. unemployed, temporary financial challenges, etc.):

Recipient Signature: _____ Date: _____

Facilitator Signature: _____ Amount Approved \$_____

Print Facilitator Name: _____ Date: _____

ROR Signature: _____ Amount Approved \$_____

Print ROR Name: _____ Date: _____

Mail to: FCCW P.O. Box 707, Waddell, AZ 85355 – or send via email to: fccwministrypresident@outlook.com

Authorized by: _____ Date: _____

Ministry President: Barbara Cheddar Amount \$_____

Please Note: Requests must be submitted to the FCCW Treasurer at least 7 days prior to the event. All approved scholarship funds will be applied, along with the amount tendered by the participant, upon receiving recipient's commitment to accept/participate.

(This form is not to be used for travel reimbursement expenses.)