



# Scholarship Application

## Upward Sports

Full Name of Participant: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Birth date of Participant: \_\_\_\_\_ Grade in School of Participant: \_\_\_\_\_

Cost to Participate: \_\_\_\_\_

Amount you are able to contribute: \_\_\_\_\_

***Please complete the questions below.***

1. Why does your child want to participate in this program?
  
2. What plans do you have for sharing your experience in this program with others?
  
3. Do you attend Christ United Methodist Church?
  
4. Are there other programs or events you have attended at Christ United Methodist Church?
  
5. What could you do to make more of a contribution with your time and gifts to Christ United Methodist Church?