

Scholarship Application
Board of Deacons
Federated Church of Ashland

Applicant's Name _____

Address _____ Phone _____

Parent/Guardian Name(s) _____

I attended Federated Church Sunday School Yes _____ No _____

My involvement at the Federated Church (i.e., Acolyte, Youth Group, Pageant, Missions, Coffeehouse, Fair, etc.)

Name of Institution _____

Address _____

City, State and Zip Code _____

Student ID# _____

Term Attending _____

If approved, money will be sent directly to the Institution.

Acceptance was confirmed on (date) _____

What the Federated Church means to me and how it has influenced my life: **(Brief Paragraph)**

Signature of Applicant _____ Date _____

Parent/Guardian Signature _____ Date _____

Please Return Form to The Church Office