



**RIVERSIDE BAPTIST CHURCH  
AWANA SCHOLARSHIP APPLICATION**

**THIS FORM MUST BE COMPLETED BY THE CHILD'S LEGAL GUARDIAN - ONE FORM PER CHILD**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT'S NAME (MR./MRS/MS.) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE \_\_\_\_\_

E-MAIL \_\_\_\_\_

BRIEFLY EXPLAIN THE CIRCUMSTANCES THAT CAUSE YOU TO APPLY FOR A SCHOLARSHIP: (JOB LOSS, HOURS CUT, MEDICAL BILLS, ETC.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT PORTION OF THE \$50.00 REGISTRATION FEE CAN YOU AFFORD TO PAY? \_\_\_\_\_

WHAT PORTION OF THE \$50.00 REGISTRATION FEE DO YOU NEED AS A SCHOLARSHIP? \_\_\_\_\_

DO YOU PLAN ON HAVING YOUR CHILD ATTEND AWANA 100% OF THE 2014-2015 CLUB YEAR? \_\_\_\_\_

HOW DO YOU HOPE THE AWANA PROGRAM WILL IMPACT YOUR CHILD? \_\_\_\_\_

\_\_\_\_\_

**"PAY IT FORWARD"**

DUE TO LIMITED CHURCH FUNDS AND BECAUSE OF THE VOLUME OF APPLICATIONS WE RECEIVE, WE MUST RELY ON SCHOLARSHIPS PROVIDED THROUGH THE GENROSITY OF CHURCH MEMBERS, IN ORDER TO PROVIDE AN OPPORTUNITY FOR CHILDREN TO ATTEND AWANA.

IT IS OUR GOAL THAT NO CHILD BE EXCLUDED BECAUSE OF FINANCIAL CONSTRAINTS. THEREFORE, WE ASK THAT IF YOU DO RECEIVE A SCHOLORSHIP FOR YOUR CHILD, THAT IF/WHEN THE FUNDS BECOME AVAILABLE, YOU **"PAY IT FORWARD"** BY MAKING A DONATION BACK TO THE RIVERSIDE AWANA SCHOLARSHIP FUND.

SIGNED: \_\_\_\_\_

**Please return this form by mail to: Riverside Baptist Church, 6219 River Road, New Port Richey, FL 34652. Or, you can drop it off at Awana to Katie Stewart.**