

AYM Scholarship Application

Name: _____ DOB _____ Date Submitted: _____

E-Mail _____

Address _____ City _____ State _____ ZIP Code: _____

Phone # Home _____ Cell # _____ TEXT (N__ / Y __)

Parents /Guardian Name: _____

Address (If different than above) _____ City _____ State _____ ZIP Code _____

Phone# Home _____ Cell _____ Text (Y __ N __)

E-mail Address _____

Name of Christian Based Program _____ or Student Leadership Program _____

type of Program (Camp, School, Mission Trip etc.) _____

Cost of Program _____ Address _____ City _____ State _____ ZIP Code _____

Contact Person Name _____ Position _____

Phone # _____ E-mail _____ Web-Site _____

Referred By _____ Position (Pastor/Youth Leader/ETC) _____

Organization/Church//Individual/ AYM Community Youth Group _____

Address _____ City _____ ZipCode _____ Phone# _____

Brief description on why you want to be involved in this program:

I attest that I am the Legal Parent or Guardian and have legal custody of the above youth.

Print Name _____ Signature: _____

Note: print out and mail to Agape Youth/Scholarship Program, P.O.Box 2145 Pinetop AZ 85935 or e-mail: download and attach to agapeyouth@agapeyouth.org

Office Use Only

Date Received _____ Name of AYM Official _____ Position _____

Date Reviewed by AYM Official _____ Name of AYM Official _____ Position _____

Date Reviewed by AYM BOD _____ Date: Approved, amount of Scholarship _____

Date: Denied _____ Reason Denied _____

Date Parent/Guardian Notified _____ Mail/ E-mail/Phone: _____

AYM Official Signature _____