



# HARRISON UPWARD

## Scholarship Application

Name of Child: \_\_\_\_\_

Name of Parent/Guardian(s): \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_

Reason for requesting scholarship (i.e. multiple children participating, financial reasons, etc.)

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

Are you currently attending a local church?    Yes            No

If so, where? \_\_\_\_\_  
church name

\_\_\_\_\_  
city or location of church

Pastor's Name \_\_\_\_\_

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### For Office Use Only

Amount received from Family \_\_\_\_\_ Date \_\_\_\_\_

Amount received from Scholarship \_\_\_\_\_ Date \_\_\_\_\_

Scholarship Source \_\_\_\_\_