



**Every child plays. Every child learns.
Every child is a winner.**

Scholarship Application

DEADLINE: All forms must be returned by May 3, 2010

Notification of scholarship will be made within 7 days after application is received.

Please complete this form with as much information as possible to assist us in our awarding of financial aid as we want every child to be able to participate in Upward regardless of finances. We will do our best to award financial aid. Any questions, contact Kathy Bradshaw, Director of Children's Ministries, at 407-644-2906, ext. 233, or kathyb@fumcwp.org.

Please turn this completed application in with your completed Upward registration form.

General Information:

Child's Name(s): _____

Parent's Name(s): _____

Address: _____ Email: _____

Daytime Phone Number: _____ Cell Phone: _____

I am applying for an Upward:

(Payments made to FUMCWP, attention Kathy Bradshaw.)

_____ Payment Plan (if applying for our payment plan, please select one of the following:)

_____ Weekly (I agree to pay \$_____ each week until the full amount is paid.)

_____ Bi-Weekly (I agree to pay \$_____ every other week until full amount is paid.)

_____ Monthly (I agree to pay \$_____ each month until full amount is paid.)

_____ Partial Scholarship

(I would be able to contribute \$_____ towards my registration cost by June 21, 2010.)

_____ Full Scholarship



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Financial Information:

Please explain your need for financial assistance: _____

From what other organizations are you receiving financial assistance? Please list: _____

Parent Signature: _____

FOR OFFICE USE ONLY:	
<p>Scholarship Amount Approved: _____</p> <p>Approved By: _____</p> <p>Date: _____</p> <p>Parent Contacted On: _____</p>	