

# CLUSTER SCHOLARSHIP FORM

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## CONTACT INFORMATION:

Youth Name: \_\_\_\_\_ Parent/Guardian Phone Number: \_\_\_\_\_  
Youth Phone Number: \_\_\_\_\_ Make check payable to: \_\_\_\_\_  
Grade: \_\_\_\_\_ Address of payee: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_

## RETREAT INFORMATION:

Retreat (name/location): \_\_\_\_\_  
Retreat Price: \_\_\_\_\_

## QUESTION FOR YOUTH TO ANSWER:

Why do you want to attend/participate in this experience?

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What do you hope to gain from it?

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## QUESTION FOR PARENT/GUARDIAN TO ANSWER:

Why do you want your young person to participate in this? What do you hope they gain from it? How will you support your child before and after the experience?

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*Thanks for completing the Youth Scholarship form!  
Please email to Miranda at [sthenryclusteryouthministry@gmail.com](mailto:sthenryclusteryouthministry@gmail.com).*

Youth Scholarship Form 2020-2021