

# St. Mark's Children's and Youth Ministry Scholarship Request Form

Name: \_\_\_\_\_

Ministry Area/Event: \_\_\_\_\_

Total Expense: \_\_\_\_\_

Scholarship Amount Requested: \_\_\_\_\_  
(we do not offer full-scholarships, but nearly full is possible.)

Any detail you would like to share, thoughts or comments

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Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

***When completed, please email or return form to  
Jody Skogen (jskogen@faith-life.org)  
Lynne Kendrick (lkendrick@faith-life.org)***

***Or by returning it to one of the above at St. Mark's church office  
8300 C Ave., NE, Marion, IA 52302***