



Valley Mills Christian Church

5555 Kentucky Avenue, Indianapolis, IN 46221 317.856.3766 valleymillscc.org

Scholarship Request Form

Please return this form, 30 days prior to your event registration date, to the church office and we will contact you to follow up with your request. Thank you for allowing us the opportunity to partner with you. Contact the church office (856-3766, valleymillscc.org) with any questions.

Contact Information

Student's Name:-_____ Grade:_____

Parent/Guardian's Name:_____

Phone Number:_____ Email:_____

Address:_____

Why do you(the student)wish to attend this event?

Event Information

Name of Event:_____ Date of Event:_____

Event Cost:_____ Date Needed:_____

Scholarship Amount Requested:_____

Office Use Only

Date request was received:_____ Date request was completed:_____

Action taken:

Request paid in the amount of \$_____ Request denied_____

Comments:

