

**Winnebago Presbytery
SYNOD SCHOOL SCHOLARSHIP REQUEST FORM**

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|-------------------------|---|
| Application Deadline: | June 1 |
| Mail Completed Form to: | Synod School Scholarship Winnebago Presbytery 5765 W. Grande Market Dr., Ste B Appleton, WI 54913-8471 |

PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (O) _____ (H) _____

I am a member of _____ Presbyterian Church

City _____

TYPE OF SCHOLARSHIP REQUESTED

_____ \$100 Individual

_____ \$180 Couple Name of partner _____

_____ \$220 Family of 3 or more

List Names of other family members attending:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Check the Synod School Brochure regarding the availability of additional scholarship funds.

| | |
|-----------------------------------|-------|
| <u>FOR OFFICE USE ONLY</u> | |
| Amount Approved: | _____ |
| Approved by: | _____ |
| Check Number: | _____ |
| Issued to: | _____ |
| Date Issued: | _____ |