Steubenville St. Louis Mid-America 2017 Scholarship Form

Group Leader Name:_____

Group Leader Email:_____

Group:_____

Week Attending (circle one) **Week 1 – July 14-15-16** **Week 2 – July 21-22-23**

Teen Name:_____ Age of Applicant:_____
Teen applying for scholarship funds

Current Grade in High School_____

Amount of Scholarship needed_____(Scholarships will be awarded on availability of funds)

Please describe the **financial need** for the scholarship. Please be specific._____

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Parent/Guardian Signature_____

Group Leader Signature_____

Scholarship Applications are due by **March 13, 2017**
Applicants will be notified of scholarship on **March 27, 2017**

Mail to:

STEUBENVILLE SCHOLARSHIPS
Tom Lancia
20 Archbishop May Drive
St. Louis, MO 63119

For office use only

Date received:_____

Amount requested:_____

Amount rewarded:_____